The Times and Register.

Vol. XXV. No. 4

PHILADELPHIA, JULY 23, 1892.

Whole No. 724

PAGE PAGE LETTERS TO THE EDITOR : ORIGINAL ARTICLES: A Curiosity. "Missouri" - - - - - 117 SEPIC DANGERS OF HYPODERMIC INJECTION, CA-THETERIZATION AND IRRIGATION OF WOUNDS. A Tribute to a Noble Woman. Price - - - - - 117 By Frank J. Thornbury, M.D. - - - - - 105 BOOK NOTICE: DRY CELL BATTERIES. By Ernest B. Sangree, A.M., M.D. - - - - - - - - - - 110 King's Eclectic Obstetrics. Wintermute - - - - 118 THE MEDICAL DIGEST : THE AMERICAN HEALTH RESORT ASSOCIATION - 111 The Use of Alkalies in Pruritus (Lange)-Infectious MEETING OF THE MICHIGAN STATE BOARD OF Broncho Pneumonia of Intestinal Origin in Chil-HEALTH 112 dren (Gaston and Renard)-Treatment of Diphtheria with Arsenite of Copper (Latta)-New Con-EDITORIAL: tributions to the Physiology of the Heart (Medical Record)-The March of Cholera (British Medical WILL WE HAVE CHOLERA IN AMERICA? - - - 114 Journal)-Asiatic Cholera-A Case of Leopard AN EXPLANATION OF THE INDIGESTIBILITY OF Bite (Simpson)-A New Treatment for Cancerous CERTAIN ARTICLES - - - - - - - - - 114 Affections (Carpenter)-Broncho-Pneumonia of In-TO STUDY THE BEST METHODS OF ROAD IMtestinal Origin (Journal Amer. Med. Association) PROVEMENT - - - - - - - - - - - - 115 -"A Class of Cases Found in the Office of TANMANY HALL AND THE NEW YORK BOARD OF Every Physician" (Cordier)-Treatment of Can-HEALTH - - - - - - - - - - - - - 116 cer (Woodhead) - - - - - -- - 113, 119-130 MEDICAL NEWS AND MISCELLANY - - - - 130 Report of the Michigan State Board of Health - - 117 NOTES AND ITEMS - - - - - iv, viii

Original Articles.

SEPTIC DANGERS OF HYPODER-MIC INJECTION, CATHETER-IZATION AND IRRIGATION OF WOUNDS.¹

By FRANK J. THORNBURY, M.D.,

late Senior Resident Physician Cincinnati Hospital, Cincinnati, Ohio; Demonstrator of Bacteriology Medical Department University of Buffalo.

THE extensive range of utility attained by the hypodermic administration of drugs and the injection of medicated fluids into organs merits a very special consideration, in view of certain micro scopic revelations of recent date.

The relation of cause to effect existing between the original occurrence of abscess in association with the use of the hypodermic syringe has been recognized

¹Read at the annual meeting of the Medical Association of Central New York, Syracuse, May 30, 1892.

since early in the employment of this instrument. It is probably only by reason of the rapid absorption of the injected fluid that local infection does not more often take place.

The increased liability to general septic infection on the other hand, rests on the

same basis.

We have the one instance—...hich four consecutive tabinary in inoculated with erysipela of three of them died. Two typhoid cases in a state of collapse developed a rapidly fatal purulent cedema following the injection of tincture of musk. Two cases of fatal phlegmon resulted from the subcutaneous administration of quinine.

The inoculation of anthrax in the injection of a solution of arsenic has been observed in the Breslau Clinic of Dermatology. Two cases of tuberculosis are lately recorded, one by Kanig and the

other by Eiselsburg.

There has been in general too little attention given to the liability of the presence of organisms in injected fluids. Schimmelbusch and Hohl have recently shown that the hypodermic solutions obtained from various apothecary shops in Berlin contain vast numbers of live bacteria. The germs present in a 1 per cent. mur. pilocarpine solution were innumerable. In an ordinary solution of ergotine there were 10,000 bacteria to the c. c.m.

Solutions of atropine, morphine and cocaine muriate were also rich in organisms.

The morphine solution in the Berlin University Surgical Clinic preserved in vials with glass stoppers, and renewed every six to eight weeks, contained, as shown by repeated examinations, from 200 to 300 bacteria per cubic centimeter.

The only solutions entirely free from micro-organisms were: Apomorphine hydrochloricum, 10 per cent.; camphor oil, 10 per cent.; bisulphate of quinine, 10 per cent.; antipyrine, 50 per cent.; the mercury combinations and concentrated solutions of other drugs, as 10 per cent. solution of cocaine.

It is quite important that we should recognize that the pus-formers, the erysipelas streptococcus and other pathogenetic organisms multiply in the fluids which we are injecting into the body.

Ferrari has recently shown that in 1 per cent. solutions of morphine and atropine the organisms not only live for weeks, but indeed proliferate with marvelous rapidity, and form pure cultures in the fluid.

In glycerine the staphylococcus pyogenes aureus remain alive and active for six days, then gradually die. In 2 per cent. morphine solutions they retain their vitality for twenty-four hours; in 10 per cent. cocaine solutions for two hours. Only in the stronger solutions, as ether, musk, 10 to 20 quinine bi-sulphate, 50 per cent. antipyrine, and 20 per cent. caffeine benzoicum, do they die at once. In 0.15; 30.0 strychnine citrate bacteria live for eight days. In 1 per cent. hydrochlorate of cocaine, after nine days thou-sands were still alive. The fluids which are or may be rich in germs are: One per cent. solution atropine sulphuricum; I per cent. morphine muriaticum; 1 per cent. cocaine hydrochlorate; 1 per cent. pilocarpine solution, and solutions of ergotine.

It is not difficult to understand then how dangerous may be the administration of hypodermics prepared in water, are few practitioners who have not at

non-sterilized, and injected with a syringe that is unclean.

Regarding the second subject in the title of my paper, we now stand in the presence of very positive facts. As early as 1860 Pasteur laid claim to bacteria as being causative in the decomposition of the urine, whether already voided or still in the bladder, and now on the bases of exact bacteriological tests, Rosving demonstrates that staphylo- and streptococci, identical with pathogenic species, are the usual cause of severe cystitis. In 13 cases out of 20 of purulent cystitis the younger Schnitzler was able to trace the cause to a certain bacteria which he named urobacillus pyogenes septicus.

urobacillus pyogenes septicus.

These and others we have as etiological in cystitis aside from the micrococcus urea of alkaline ammoniacal decomposition.

The latter micrococci urea come principally from the atmosphere. In absence of oxygen they cannot develop.

Two facts we have positively substan-

tiated:

1. That the urine in the healthy bladder is normally free from bacteria.

2. That changes in the composition of the urine in the bladder are invariably due to bacteria.

Lister, Pasteur and various other investigators have proved the absence of organisms in the urine. Absolutely convincing is the evidence recently furnished by

Cazeneuve and Livon.

These investigators induced retention of urine in dogs by ligating the urethra. After the bladder became filled, the ureters were ligated and the bladder extirpated. The organ was kept in the laboratory, under incubation temperature, for several days, and no decomposition took This proves conclusively that place. changes in the urine do not occur without external influences, and that the germs of urinary decomposition are not present in the bladder unless they are introduced from without. We will not stop to discuss the easy possibility of its occurrence and the disastrous consequences of an inflammation ascending to the kidneys through the ureters from the urethra and bladder.

Suffice it to state that the introduction of instruments, especially catheters and bougies, can produce the most severe forms of infection. A catheterization cystitis is not an infrequent occurrence. There are few practitioners who have not at

gation the stion By the blade pyog product the stions

solut

sary.

A

some

singl

tion

Exp

how

boug being acid and shou The ilized soda that in st

being

with

ilized

whic

The heat come vente tolers mate as ye eral a

ment gauz with and rubb steril plete W fricti

antis

may inver ing o comp

clean

sometime or other observed it after a single or repeated catheterizations, infection due simply to unclean instruments. Experiments upon animals have proven how readily possible infection and propagation by contiguity inflammation through the genito-urinary tract is, after inoculation with certain pathogenic organisms. By the local inoculation of the healthy bladder of animals with the uro bacillus pyogenes septicus, Schnitzler was able to produce the most virulent cystitis. It is not sufficient to simply dip the sounds, catheters and bougies in antiseptic solutions or lubricating oils. Many of these solutions themselves contain live bacteria.

A most thorough sterilization is neces-The metal instruments, whether bougies or catheters, permit very readily of being boiled or submerged in carbolic acid or alcohol without injuring them, and each time after being used they should be most thoroughly disinfected. The gum catheters are not so easily sterilized; they tolerate the steam or boiling soda but once. It is, therefore, necessary that they be kept continually submerged in strong carbolic solution, or frequently renewed bi-chloride. Each time before being introduced they should be rubbed with sterilized gauze, or washed in sterilized water, to remove the antiseptic, which is very injurious to the urethral canal.

f

e

y

n

a.

r-

0-

or

ok

at

ut

ns

nt

ed

is-

ice

an

eys

nd

ion

and

ms

itis

ere

at

The lack instruments tolerate neither heat nor antiseptics well. They soon become unfit for use—hence Albarran invented the caoutchouc catheter, which tolerates both boiling and corrosive sublimate. These catheters, however, do not as yet seem to have come into very general use.

Schimmelbusch has found a mechanical antiseptic in the act of rubbing an instrument for a minute or two with sterile gauze. He infected red lack catheters with pure cultures of various bacteria, and found that, after one minute of active rubbing with a moist piece, then dry, sterile gauze, the instruments were completely sterilized.

We have the two associated factors of friction and heat 'as explanatory. To cleanse the lumen of the catheter, hot water, hot sublimate or carbolic solutions may be injected through it. Farcas has invented a small steel apparatus consisting of a water kettle with attached steam compartment and connected tube. The

water is boiled by means of a small spiritlamp placed underneath the boiler. The steam generated is connected through the lumen of the catheter by the tube leading from the steam-boiler. Thus a reliable and easy sterilization is affected.

In getting into the bladder, we enter through a bacteria enriched canal. Lustgarten and Vannaberg, also Rosving, have found diverse forms of micro-organisms in the urethra, all of which are capable of causing urinary decomposition.

It is not surprising, then, that cystitis should follow catheterization, and that urethritis and vesical catarrh should result from the continued presence of a catheter after an operation for stone. The often serious consequences of catheterization are dependent entirely upon infection through unclean instruments. The catheter previously rendered aseptic does not lead to any bad results following its introduction.

Of course, the passing of an instrument in case of inflammation of the urethra is absolutely contra indicated. There should be no hesitation under these circumstances in resorting to puncture until evacuation is urgently demanded. Always before catheterizing, the orificum urethra should be cautiously disinfected. As a further prophylactic precaution, it may be well to wash out the urethral canal.

We have learned much of late regarding wound irrigation, and the subject of antiseptic solutions and the bacterial contents of water.

Water from the interior of the earth, as that produced by artesian wells, is entirely free from germs; but water which stands or flows over the bacteria enriched ground surface, contaminated through decomposed organic material, contains myriads of living organisms.

The numbers of bacteria fluctuate between the few per cu. c.m. contained in ordinary well and spring water to the millions to the cu. c.m. found in river and canal water.

For a long time it has been the popular belief that water might be the source of various forms of infection, and with our present understanding of intestinal mycosis, we know that not only cholera and typhoid, but many other serious alimentary diseases, are directly traceable to water.

It is true that the water bacilli are for the most part those which do not belong to wound infection, although some of the most virulent varieties of bacteria have

repeatedly been found in water.

It is only necessary to recall the fact that the most disastrous of the animal septicæmia—namely, the rabbit septicæmia bacillus discovered by Koch and Gaffgy—was first found in a tributary of the Spree river, flowing through Berlin.

Rinantro Mori has isolated from canal water three pathogenic bacteria. According to Lortet and Despeignes, the Rhone river water, of Lyons, contains scarcely anything excepting organisms which are pathogenic. The filter residue and precipitate injected subcutaneously into guinea-pigs caused a rapidly-fatal septicæmia and pyæmia. Repeatedly the presence of pyogenic staphylococci have been detected in the examination of river and well water. With a knowledge of the virulent characteristics of these bacteria, such water would be drunk with much hesitation.

The hydrant water of Freiburg, Germany, frequently contains the green pus bacillus, pyogenes. Most bacteria can maintain their vitality for weeks, and even months, in water. The water serves as a culture medium for many; they thrive and multiply in it by spontaneous

proliferation.

The bacteriological tests of Cramer found that Zurich hydrant water increased 27,000 times in its septic contents after standing for twenty four hours. And Leon demonstrated that the supply-water of Munich, which contained only five bacteria per cu. c.m., after standing for five days showed 500,000 germs to the cu. c.m.

Certain of the saprophytic bacteria grow best in water, and they here come to a luxuriant development. According to Wolffhagel and Ridel, sterilized river water mixed with distilled water is a favorable culture medium for anthrax, and Gioxa has shown that this is true of other pathogenic bacteria which are of interest to us aside from anthrax.

Reference to the chart prepared by Hulm, giving results of his investigations into the water-supply of the city of Bres lau, is quite sufficient to convince us of the multiplicity of forms of parasitic life

found in water.

It is conclusively demonstrated that water may be a source of much danger from hygienic and bacteriological standpoints. It seems positively unjustifiable to permit its application to sounds with-

out first subjecting it to a thorough sterilization.

ei

st

b

in

aı

10

pr

ot

CO

po

ab

ta

se

eff

sti

oh

pr

an Tl

in

is

rai

fin

filt

Ch

the

an

me

use

tin

bot

gra

fac

car

sul

SOT

the

tho

SO :

Wa

ces

per

yet

val

ing

How utterly absurd is the irrigation of pure, fresh lacerations made sterile by nature's blood serum, such irrigation carrying into the wound thousands of more or less dangerous organisms, and still permitting of the delusion that the wound is being cleansed.

The blood serum itself is a most efficient antiseptic, probably by reason of the ex-

istence in it of a globulin.

Irrigation with sterilized water would not be so bad, but even this is unnecessary. Dry treatment of wounds is the present position of surgical science.

Uses of the antiseptic solutions like the spray never was founded on exact scientific facts. Our obligations to conservatism are accomplished through meeting the de-

mands of asepsis.

A series of investigations, recently conducted in the Hygenic Institute of Berlin, demonstrated that the quantity of bacteria in the Spree river, flowing close to the Von Bergmann clinic, contained 3,200 to 154,000 to the cubic centimeter. The average number was 37,525 germs to the cubic cm.

Take, now, for illustration, the frequent instances of a man receiving a wound of, say, one-quarter decimeter in extent, allowing one-quarter of an hour exposure, previous to the time of his arrival at the clinic. He would, according to estimation, as to the relatively unimportant bacterial contents of air, receive about 60 to 70 germs distributed superficially

over the bleeding surface.

In accordance with the usual custom, let the wound now be irrigated slowly and carefully with perhaps one liter of water. There is received in the attempt at "cleansing," about 37,000,000 germs, if it is the Spree river water that has been used. To add further contamination there is frequently a soiled handkerchief or cloth, rich in bacilli, wrapped around the injured part. Is it any wonder then that suppuration should occur?

Hygienists have agitated the feasibility of providing an especially pure water for drinking, cooking and surgical purposes, allowing the ordinary water for common use; but such a division of the water supply is hardly practicable, and we must be contented with an attempt at maintaining the entire water supply as scrupuously non-contaminated as possible.

While we can hardly yet sterilize the entire water-supply of a city, demonstrated facts in hygiene demand that we boil the water used about operations, i.e., in cleansing the hands of the operator, the area of the operation, the instruments and utensils.

As stated above, we, of course, do not speak of irrigating the wound itself any longer. Experience and foregoing facts have shown this to be a bad practice—a practice both useless and harmful. Nature is allowing pure aseptic blood to flow out of the bottom of the wound. Then coagulation occurs and forms the best

possible provisional protection.

Why, then, shall we be so unreasonable and unscientific as to pour water containing germs or irritating or excoriating chemical solutions as the so-called "antiseptics" over the wound to defeat nature's efforts. It is simply required that we avoid contamination by keeping our instruments, hands and dressings clean, and observe the proper preparatory and after precautions.

Styptics are also relegated to the past, and are chiefly of historic interest now. They did harm enough in injuring uninjured tissues and contaminating wounds aseptic by nature. Simple compression is the substitute in all their former wide

range of application.

e

e

t

t,

e

1.

ıt

y

0,

ıd

r.

at

211

re

Of

he

at

ty

er

11-

for

he

we

at

as

le.

Precipitation by the addition of some finely powdered and insoluble substance, filtration by means of sand or the Pasteur-Chamberlain filter, and then destroying the germs by the addition of antiseptics and sterilization by heat are the various means of rendering water fit for surgical

When water is allowed to stand for a time, of course the bacteria settle to the bottom, in accordance with the laws of gravity. The precipitation may be further facilitated by the addition of sand, calcium carbonate, or certain other finely granular substances. Regarding filtration, by reason of the fact that water in the interior of the earth is free from bacteria, it has been thought that we might imitate nature in so far as to be able to extract from hydrant water its germs and impurities by a pro cess of filtration; but such a degree of perfection we have, unfortunately, not as yet been able to attain.

The Pasteur Chamberlain filter, while valuable and capable of markedly improving the quality of the water, does not ren-

der it reliably free from bacteria. Perhaps for the first four or five days there are no germs present, and it functionates fairly well; but after this time, the quantity of water which the filter will allow to pass, gradually diminishes, the pores become partially occluded, and, finally, germs fil-

ter through.

The water works for Berlin, at Stralau, combining a filtration of the Spree river water, which contains originally 100,000 bacteria to the cb. cm., greatly improve the quality of the supply, but never render the water entirely free from microorganisms. The antisepticising of water by the addition of chemical substances, merits just a few explanatory statements for the correction of certain erroneous ideas, which I believe to exist.

Bichloride of mercury does not insure immediate death of everything in the way of germs, as ordinarily supposed. Staphylococcus pyogenes and bacillus pyocyanus live for one-quarter of an hour in a one per cent. solution. Anthrax spores resist a one per cent. solution for twenty-four hours. Boracic acid, ammonia, and absolute alcohol have no influence upon them. They survive a five per cent. carbolic so-lution for days. Tetanus, tubercle and spores of other pathogenic bacteria present similar degrees of resistence.

Clear spring water, in which the individual bacilli are suspended, isolated, may be disinfected, but the highly contaminated water of rivers and ponds, containing gross visible masses of impurity, rich in bacteria, does not permit of being rendered sterile by the addition of antiseptics. Heat is the only absolute method—simple in its application, most rational and reliable. Anthrax, the most resistant spores known to us, are completely destroyed by boiling in water for two minutes. Five minutes of boiling them must remove every reasonable possibility of any germs remaining alive.

Miquel found that of 1,000 bacteria in water, 955 were destroyed by short boil-Water of the river Rhone, which contained 33,000 bacteria to the liter, as revealed by investigations, lost through boiling all but 941 bacteria, or over 97 per cent. Bacteria which resist boiling water, are only such as possibly the hay bacillus, i. e., non-pathogenic, and consequently

unimportant.

The absolute certainty of heat sterilization and its readiness of application, strongly recommends that every surgeon shall provide a sufficient quantity of sterilized water for use in his operating room or clinic, and as there are bacteria that thrive and multiply in water, it is necessary that after boiling it be closed hermetically, or, preferably, boiled fresh each time it is needed.

Sterilizing in bottles is only adapted to private use; for hospitals and clinics a special apparatus is necessary. This demand is supplied admirably in the Fritch sterilizer. The latter consists of circular boiler, which contains a quantity of water heated by a bifurcated gas jet placed underneath. Running through the center of the boiler is a coil of tubing, through which water flows from the hydrant and cools the water in the boiler, so it may be used at once.

When, in case of emergency, sterilized water cannot be had, the best substitute is found in bichloride of mercury, first made known to surgery by Professor Von Bergmann. While it does not insure absolute death of certain over resistent spores in clear water, it reduces to a marked degree the bacterial contents and renders inert the dangerous pus formers. But to prevent the formation of insoluble compounds of the bichloride with alkaline earths of well and spring water, an equal quantity of chloride sodium should be added. Of course, boracic, salicylic and carbolic acid solutions, if used at all, should only be applied in previously sterilized water, as they have little influence upon anthrax and certain other over-resistent spores. As Koch demonstrated a long time since, antiseptic oils are ineffectual.

In the first place, the chemical substance does not dissolve thoroughly in the oil. Secondly, the oil does not permeate the septic material. Silk threads, impregnated with pus, and then dipped into oil, may be submerged in 1 to 200 bichloride solution for days and weeks without in-

juring the bacteria.

Analogous instances are found in the attempts at destroying the bacteria imbedded in the fat and sebaceous secretions of the skin. Thus, we see the absurdity of simply washing the hands superficially, or rinsing them in bichloride, and also the uncertainty of attempts at sterilizing water or oil by the addition of this and

other chemicals. The heat sterilization should be invariably resorted to, and the addition of antiseptics given a secondary consideration. In the instance of cleansing the hands, the soap and sterilized water, ether and alcohol process must be gone through with.

DRY CELL BATTERIES.

By ERNEST B. SANGREE, A.M., M.D., Demonstrator of Histology in the Medico Chirurgical College of Philadelphia.

OME months ago I read an article by one of our leading medical electricians, in the course of which he referred very disparagingly to the dry cell batteries, and strongly advised prospective purchasers to eschew the dry and stick to the wet. It seems he was out of the city somewhere, and needing a battery for diagnostic or curative purposes, I forget which, had brought to him a bran new fifty cell dry cell galvanic battery. Upon attempting to use it, however, not a particle of current could be gotten, and as the cells were boxed up tight out of sight in a metal box, and the connections all concealed, he was unable to find the cause of the trouble and compelled to forego the use of a battery. Stimulated by reading this article, I set about testing an exactly similar battery which I had bought about six months To my surprise and disgust I found that some twenty-five of the cells in the middle portion of the battery would not give a particle of current. As I had so far used only a few cells at a time, and these the end ones, this condition of affairs had not been noticed. Proceeding to investigate the cause, I unscrewed the bottom from the metal box containing the cells, and there found these twenty five cells reduced pretty well to a jelly, the now semi-liquid contents forming a layer on the bottom of the box. In addition to this macerated electricity, I noticed that some of the test-tube-like glass cups in which the electro genetic substance had been held, were broken, and small bits of broken glass interspersed the costly coating of the box. All these facts I promptly detailed to the manufacturers, at the same time suggesting that I should like to have what I paid for, namely, a perfect instru-ment. They replied that the battery was all right when it was sent to me, and that I had short circuited it. To this I rejoined, that the battery had never been

⁴Obtainable of Wilmot, Castle & Co., Rochester, N. Y.

out of my hands; that I had always disconnected the instrument immediately after using; that I was therefore confident I had never short-circuited it; and that, moreover, even if I had short-circuited the battery, such an action would not have broken the little glass cups. In return for this they simply insisted that they knew more about dry cells than I did, and briefly reiterated the charge of short circuiting. As no one but the makers can refill these batteries, and no one knows this better than they, I was, of course, at a great disadvantage in this interchange of courtesies, for I was compelled either to send the battery back to them, to go without any or to buy another. I chose the first as the least expensive course; and when the bill came, I found that I could add \$7.50 to the first cost of the battery, and put the whole to the ac-count of "experience."

It will hardly be doubted, therefore, that I strongly endorse the advice of the electrician alluded to, with regard to the kind of battery to get. Do not invest in a dry cell battery. Do not buy an instrument that is boxed up tight, and the inner workings of which are unknown. is like those trades of our youth, in which we bartered knife for knife, "sight unseen," and perhaps secured merely an empty knife handle from our too smart companion in exchange for our own ancient, but still fairly serviceable, "toad sticker." Get a wet cell battery. It does not look quite so pretty, perhaps, but you can see all the connections; there is nothing hidden; and, when the electricity weakens or disappears, a small sum will replenish the strength, and you will not be compelled to box up your instrument, express it to the maker and pay thirty cents per

cell for refilling.

Society Notes.

THE AMERICAN HEALTH RESORT ASSOCIATION.

HIS Association met at the Tremont House, Chicago, June 30, and held three sessions.

There were present delegates representing Canada, Michigan, Massachusetts, Wisconsin, Florida, New Hampshire, New York, Pennsylvania, California, Il-

linois, Vermont, Colorado, Texas, Iowa, New Mexico and Central America

A large correspondence was read by W. A. Chatterton, Secretary, from the absent members in various parts of the country.

The President, T. C. Duncan, M.D., of Chicago, then delivered a lengthy address, in which he outlined the good work of the Association, and how it was appreciated by the profession, enabling them to select climates adapted for the various cases of consumption. From reports received from the winter points, New Mexico had proven the most satisfactory. This is of interest to the profession who are trying to save some of the "hundred thousand consumptives" who die annually in this country.

Dr. J. F. Danter, of Toronto, Canada, read a paper on the "Climates and Re-

sorts of British America.

"A Report on the Climate of Manitoba" was read, from Dr. Clark, of Win-

nipeg.
"The Climate of New Brunswick" was

presented by Dr. J. Z. Currie.

From these reports it seems that there are a large number of consumptives in Canada, especially in the eastern provinces.

Dr. Adam Miller read a paper on "Sun Spots and Magnetic Influence in Disease."

"The Climate of Nebraska" was presented by Dr. Brown.

"The Climate of California and its Resorts" was presented in papers by Drs. J. D. Hartley and S. W. Andrews, of Chicago.

Dr. W. P. Roberts, of Boston, read "A Report on the Climate of New England," in which he reported that 15,000 die annually there from consumption.

"Consumption in Michigan," was the subject of a paper by Dr. Veenboer.

Dr. O. W. Gordon, of Council Bluffs, reported his disappointment in visiting various resorts, and spoke highly of New Mexico.

A report from Dr. A. Petin, of Las Cruces, N. M., formerly of Paris, was read, in which he said they had almost constant sunshine, less than two inches of precipitation in twenty-eight months, and that consumptives sent there were all doing well.

"A Report on the Adirondack Region"

was read from Dr. Skinner.

Dr. B. W. James, of Philadelphia, contributed a paper on "Climate Maxims."

"The Climate of Costa Rica," was presented by Dr. Buchanan.

Dr. A. S. Butler reported on "The Climate of Honduras."

"Texas as a Resort for Consumptives" was the title of a paper by Dr. Marshall.

Reports on mineral waters were presented from Las Vegas, Hot Springs, N. M., Eureka Springs, Ojo Caliente Hot Springs, N. M., Costa Rica and Londonderry.

Professor I. N. Danforth gave an address on "Mineral Waters, their Analyses and Uses,"

He said the profession was being imposed upon by imperfect and fraudulent analyses. In the first stage of Bright's disease, he thought that bland water should be used, and in the second Lithia waters.

Professor W. S. Haines made a valuable report on "Bacteria in Mineral and Potable Waters." In some mineral waters he found two bacteria to the cubic centimeter, and in some drinking water he found as high as 8,000.

A large number of members were admitted.

It was reported that a Congress of Climatologists would meet in Chicago next year, and it was voted that the Association meet with it.

The following officers were elected: President, T. C. Duncan. M.D., Chicago; First Vice-President, J. F. Danter, M.D., Toronto, Canada; Second Vice-President, I. N. Danforth, M.D., Chicago; Third Vice-President, W. P. Roberts, M.D., Boston Mass.; Treasurer, T. S. Hoyne, M.D., Chicago; Recording Secretary, W. A. Chatterton, Chicago; Corresponding Secretary, J. D. Hartley, M.D., Chicago; W. W. Van Baun, M.D., Philadelphia; Professor W. S. Haines, M.D., Chicago.

The full proceedings and papers will be published shortly, and all members will be supplied with these valuable and interesting transactions. For further particulars, address

J. D. HARTLEY, M.D., Cor. Sec'y.
1204 MILWAUKEE AVE., Chicago, Ill.

-Journal of the American Med. Asso.

THE New York-Post Graduate advises dropping the title of "Doctor" as a designation of medical men. How many will agree?

MEETING OF THE MICHIGAN STATE BOARD OF HEALTH.

July 12, 1892.

b

0

p tl

ta

tl

0

0

ir

te

fc

SI

tl

e

e

th

fu

he

cl

ta

cł

SI

th

ye

SC

of

Bo

se

by

no

is,

of

up

of

an

en

to

inf

the

the

In

iss

of

da

ELATIVE to the reported presence of cholera in foreign countries, and the possibility of its being brought to this country, Dr. Baker remarked that it would be a particularly unfortunate time if cholera should soon reach Chicago or Detroit, because it tends to spread in much the same ways as typhoid fever, only with much greater rapidity, and typhoid fever is unusually prevalent in Chicago, and appears to have been increasing lately in Detroit. If cholera should gain entrance to either city, so many of our people visit those cities that we might soon find cholera spread in many places throughout Michigan. This office is prepared to issue circulars, already printed, advising local health officers just how to restrict cholera.

Secretary Baker stated that during the quarter, reports had been received and action taken on 451 outbreaks of the dangerous diseases in Michigan, including two outbreaks of small-pox, each confined to the first case; 1,091 pages of letter book have been used in copying the correspondence of the office (not including postal cards, printed or hekto-graphed letters). There were 2,159 pages hektographed, of which 1,068 were notices to health officers, of infected immigrants destined to their localities. During the quarter there had been received, mostly in exchange for publications of the Board, 387 journals (weeklies, monthlies and semi-monthlies), and sixty-eight books and pamphlets; making the total number 8,229 in the library of the Board (excluding journals not yet bound).

The Secretary presented the subject of infected immigrants, and, to illustrate a point, read a letter from a township health officer stating that he had found, isolated and vaccinated the person of whom he was notified as possibly infected with small-pox, also reporting his action concerning one of the immigrants, of whom he had received notice, who had come down with measles. The expense incident to these cases was about \$17. He thought the National Government might go a step further and detain at the seaboard those immigrants likely to be incerted.

fected.

The Secretary presented the subject of a "Sanitary Day," after the manner of Arbor Day, Labor Day, etc., which had been proposed in Pennsylvania, where it was designed to have a day set apart for general and special "cleaning up." His opinion having been asked, he had expressed the view that it would be a good thing, but he thought a much more important sanitary day would be such an one as he had proposed at the last meeting of the Michigan Medical Society, namely, one provided for by a law similar to the one providing for the annual school meeting-a sanitary meeting which should determine the amount of money to be raised This would for public health purposes. supply occasion for placing facts, as to the restriction of the most dangerous diseases, before the voters who control the expenditures. School money is voted by the people after the subject has been carefully put before them. The interests of health and life of the whole people, including the children, are of more importance than the school education of the children alone. The health interests suffer because they have not been supported by the people. Dr. Baker believes they would be properly supported if facts were carefully put before the people every year at a sanitary meeting, similar to the school meeting in September.

The minutes of the meeting in Detroit of members of the State and of the city Board of Health and others, were presented, as also additional data obtained by correspondence, tending to show that some of the most dangerous diseases are not being restricted in Detroit; that this is, in some measure, due to the absence of a proper public opinion, such as is built up in those localities in which the methods of the State Board of Health are accepted and enforced; one important method, not enforced in Detroit, being the distribution to the neighbors of houses placarded as infected, of pamphlets stating the law and the best measures for the restriction of the particular disease then threatening. In time such pamphlets, endorsed and issued by the authority of the State Board of Health, reach-all the people, and build up such a public sentiment that the most dangerous diseases can be restricted.

THE USE OF ALKALIES IN PRURITUS (Lange).—In four cases of rebellious pru-

ritus the author found that the urine was loaded with uric acid and urates. He prescribed alkalies, such as bicarbonate of soda, carbonate of lithium, alkaline waters, etc., with excellent results and finally complete cures.

—Nouveaux Remèdiés. — Translated by E. W. Bing, M.D.

INFECTIOUS BRONCHO-PNEUMONIA OF INTESTINAL ORIGIN IN CHILDREN.—The disease is characterized by diarrhœa, thoracic signs and fever.

In the average case, after two to six days of diarrhœa, the condition shows itself and is announced by fever, cough, and dyspnœa. The broncho-pneumonic case keeps its interesting signs—inflated belly, which is sensitive; enlarged liver, foul tongue, etc. The pulmonary lesions, broncho-pneumonia and congestion, have a slowly-advancing (serpigenous) march.

Beside this form may be seen (a) a choleriform variety, especially in the debilitated, with abundant and fetid stools, and death inside of forty-eight hours, from collapse; (b) a typhoid form with in the commencement, not much elevation of temperature, but with signs of ataxia. The abdominal symptoms are less pronounced than in the former case, and death results from the pulmonary lesion; (c) a prolonged remittent variety (Sevestre) lasting a month or more, in which the diarrhœa and pulmonary signs increase, as treatment is relaxed; cure is rare, tuberculosis frequent; (d) a common, light variety, lasting a few days, and yielding easily to an intestinal antiseptic.

Bullæ, erythema, vesicular eruptions of the buttocks and thighs, etc., may supervene, as complications, also otitis and mastoid abscess. The predisposing causes are childhood, a hot season, defective hygiene, chilling of the body, etc.

The agent of the disease seemed especially to be the pneumococcus in eight cases, the staphylococcus in three, the bacterium coli in three, the encapsuled bacillus in two. The microbes may be associated. The conclusion is that broncho-pneumonias are infectious, superadded to a state of feebleness produced by the diarrhœa, which, perhaps, increases their virulence.

—Gaston and Renard, in Rev. Generale de Med.—Translated by E. W. Bing, M.D.

The Times and Register A Weekly Journal of Medicine and Surgery.

WM. F. WAUGH, A.M , M.D., Managing Editor.

EDITORIAL STAFF.

W. F. HUTCHINSON, M.D., New England Editor.
A. E. ROUSSEL, M.D., Philadelphia.
HERMAN D. MARCUS, M.D., Philadelphia.
LOUIS LEWIS, M.D., Philadelphia.
E. W. BING, M.D., Ghester, Pa.
E. P. HURD, M.D., Mass.
MARY A. D. JONES, M.D., Department of Gynecology.

THE TIMES AND REGISTER,

FORMED BY UNITING THE PHILADELPHIA MEDICAL TIMES, THE MEDICAL REGISTER, THE POLYCLINIC,

THE AMERICAN MEDICAL DIGEST,

Published by the MEDICAL PRESS CO., Limited.

Address all communications to

1725 Arch Street, Philadelphia.

PHILADELPHIA, July 23, 1892.

WILL WE HAVE CHOLERA IN AMERICA?

CERTAIN diseases have their place of origin, due both to climatic influence and the habits of the people. The poison which develops in those places is conveyed along routes of travel and commerce until all the counties which offer favorable conditions for its reception have been reached. The fearful and costly epidemic of influenza, spreading from Southern Russia to almost the entire habitable globe, is still fresh in our minds.

Western Asia and Southern Russia at almost all times afford especially favorable conditions for the development of that most fatal disease—Asiatic cholera. That we do not have it constantly with us is due to the faithful activity of our inadequately supported public health authorities.

This year, however, we have a genuine "cholera scare," and, we believe, a well-founded one. Early transported from Western Asia into Southern Russia, the disease has steadily advanced along the most frequented routes, until it has ob-

tained a firm footing in France, and occasional cases have been reported in London. In Russia the disease has been recognized and acknowledged as true cholera. In France, however, for commercial reasons, every effort has been made to cover it up, and the term "cholerine" used to designate the disease. This term was not "coined for the occasion," as a learned cotemporary asserts, but is a word of doubtful authority, vaguely used to designate both the supposed cause of cholera and also light cases that occur during an epidemic of cholera. Its use in France at this time is simply an attempt to attach a new meaning to an old word.

The commercial relations between France, England and the United States are so intimate that it can only be by the utmost vigilance of the authorities, the best public sanitary measures, and the most scrupulous personal hygiene that we may escape an epidemic, either during this year or next year, when travel

will be so greatly increased.

AN EXPLANATION OF THE INDI-GESTIBILITY OF CERTAIN AR-TICLES.

THAT there are certain articles of food which are indigestible mainly on account of chemical incompatibility with the fluids of digestion, must be accepted as true. However, a very much larger number of articles are indigestible mainly because they are tough, rather than either soft or friable, and hence are not well adapted to the requirement of being masticated to a pulp before being swallowed. Let us consider a few examples, which may be taken as sufficient to illustrate the entire class.

An egg is indigestible if boiled until the albumen is solidly coagulated. It is quite easy of digestion if eaten raw, soft boiled, or boiled several hours until it becomes mealy. The ordinary hard boiled egg is usually swallowed in lumps which expose but little of their surface to the action of the gastric juice. Hence, its digestion is very slow, indeed.

Mashed potatoes, or old potatoes which boil mealy are easy of digestion; while new potatoes, which are almost invariably swallowed in chunks, have a bad reputation. So, also fried potatoes, in which the potato is well protected by a coating of grease, bid defiance to the digestive fluids; while mashed potatoes and gravy or butter give no especial trouble.

Other articles that may be mentioned are, green cucumbers, green corn, water melon preserves, cheese, "sad" bread, cake or dumplings, pie-crust (especially the well-soaked under-crust), and many others. Gladstone is reported to have said that he gives each mouthful of food thirtytwo bites in masticating. Our own rule is to continue chewing a mouthful of food as long as it gives pleasure to the taste. At any rate, it may be laid down as a rule, that very seldom will food prove indiges tible, if the one who eats it is thoroughly conscientious in reducing every bit of it to a fine pulp before swallowing it. Our reply to patients, when asked what food is allowed, is generally, "Anything, in reasonable quantity, that you will chew thoroughly," having due regard, of course, to special diseased conditions and circumstances.

Following the principles outlined above, persons of no more than the average digestive power may safely indulge in a meal composed of the indigestible articles mentioned herein.

TO STUDY THE BEST METHODS OF ROAD IMPROVEMENT.

A MEMORIAL has been presented to Congress by Albert A. Pope, of Boston, Mass., requesting that a comprehensive exhibit be made at the World's Fair in Chicago on the subject of "Roads, their Construction and Maintenance."

The importance of this cannot be overestimated. From among the hundreds of earnest expressions made publicly upon the subject by Senators, Congressmen, Governors, military officers, farmers' organizations, the public press, etc., we select the following:

"Honorable William A. Peffer, Senator from Kansas:

"I have your favor of the 24th ult., and have barely time, in the midst of other pressing duties, to wish you and your coadjutors every possible success in the laudable work which you have undertaken of improving the public roads. I have often thought that the people, speaking of them generally, have never yet understood the value of good roads. They are not only matters of convenience, but they are really matters of great economy in every community.

"The farmer with one team of two horses is able to move on a good road more than he could move with four horses and a wagon of much greater strength on a poor road. This I have tested personally many times. Farmers are constantly in need of the use of highways to transport their property, and to move themselves from place to place. The average farmer is five miles distant from the nearest railway station, and his surplus produce must be moved that distance year after year. If he were to compute the saving that he and his neighbors would have by reason of first-class roadways, they would discover that it would amount to more than the expense of putting the roads in good condition and keeping them so.

"Our road system is miserably deficient. We could learn from the Romans and Germans in this respect very much. I am pleased particularly that you propose to present the subject of road-making in some tangible form before the people at the World's Exposition. Nothing, perhaps, would be better suited to call public attention to the importance of the matter than a movement of that kind. There will be a great many visitors from different parts of the country and of the world, who will be able leisurely to study the subject from drawings and practical suggestions in the way of machinery and in conversations with persons who have given thought to the subject, and in many other ways will be able to gather data to carry home with them to apply in practice. Wishing you abundant suc-

"Hon. James H. Kyle, Senator from South Dakota:

"Yours of the 26th, relating to the proposed exhibit of improved roads, just received. I wish to say that I heartily approve and endorse the undertaking, as the subject of good roads is one about which the American people, though well advanced in civilization, are wofully ignorant.

"In the old Roman days all roads led to Rome, and they were good roads. They built roads for military and commercial purposes, and the wisdom of their enterprise was apparent even in that early day. European nations today regard road making as one of their economic questions, and it does seem that our government, in its honest endeavor to benefit the agricultural classes, should have thought of good roads long ago. We want and must have splendid highways, owned not by corporations but by the people. They will be an economical investment and an untold comfort to the traveler."

Now, who needs and appreciates good roads more than the practising physician? Let every reader of this journal write to his Representative in Congress for a copy of the memorial, and get as many signatures to it as possible, returning it with urgent request that the Representative vote for the measure.

TAMMANY HALL AND THE NEW YORK BOARD OF HEALTH.

ECENTLY, the general public, as K well as the profession, have been informed that the hand of the politician was being felt in the New York Board of Health; that competent; experienced medical officers had been summarily removed without cause or pretext; that in consequence of this high-handed, reprehensible course, Prof. Janeway had resigned as a member of the Advisory Board, and resigned also his professorship in Bellevue Hospital Medical College and as visiting physician to Bellevue Hospital. Since he resigned, Drs. T. Mitchell Pruden, Joseph O'Dwyer, R. H. Derby, Dan'l Stimpson and Abram Jacobi have also handed in their resignations, Dr. George F. Shrady alone remaining.

Under these circumstances, the profession throughout the land have been watching and waiting to see what those medical editors there, on the ground, have to say with regard to the matter; but we have heard practically nothing from them, yet, in the way of comment on what should concern every physician in this country.

Now, why this silence on the part of the New York City medical journals?

Is it because of intimidation or the fear of the crushing power of Tammany Hall? or is it because they have found that the course recently pursued by the Health

Commissioners is in no way out of the usual routine adopted by any political party when in the ascendancy?

In order to correctly inform ourselves, we have sought information in the matter from reliable sources, which in abstract is as follows:

It doesn't appear that Dr. Janeway should have been suddenly oppressed by qualms of conscience because the political organization designated Tammany Hall removed him. It is an old saying that it is not gratitude "to damn the bridge that safely carries you over." nor "to kick the ladder away over the rounds of which you have climbed to professional fame and wealth." The Bellevue Hospital and the college connected with it, with the exception of a very short time, have both been under the control of the same political party, as the Board of Health and the same college and hospital now are for more than twenty years. In these Dr. Janeway trained, and it was made possible for him, through the facilities which they offered, to push himself upward into the very front rank of his profession. He was appointed Health Commissioner under a Tammany Mayor, and took in something like twenty-five thousand (25,000) dollars for five years' service. In the end he was indicted by the Grand Jury of New York, with his confrères, for permitting the maintainance of a nuisance.

Dr. Ewing, the displaced Sanitary Superintendent, about whom all the trouble came, was receiving a salary of forty-eight hundred (4,800) dollars, and, while in office, kept up, without assistance, a large general practice, was surgeon to the Broadway Railroad, and examiner for an insurance company.

His resignation was peremptorily demanded, President Wilson, of the Board, alleging that he neglected his official duties.

Dr. Ewing had been an inspector in the Board of Health for seventeen years, though he had no connection with it for five years before he was made Sanitary Superintendent. It is said that there were

charges against him when he was permitted to resign. Dr. Ewing was succeeded by Dr. Cyrus Edson, a well known active sanitarian, who, for several years, since his connection with the Board of Health, confined himself solely to his official duties in the Board.

Dr. John T. Nagle, the veteran statistician, who has done duty in the Health Board more than twenty years, was promoted to the position of "Registrar of Vital Statistics," which, as a matter of seniority, he should have had years ago. Dr. C. F. Roberts, being known as assistant of Prof. Austin Flint, of Bellevue, and for twenty years continuously on the Health Board, succeeds Dr. Edson.

So much for the active staff; now for the "Advisory Board," the most of whom have lately resigned. It is charged, by officers high in authority in the Health Department, that, with one or two exceptions, the members of it, since its creation, in 1887, have never troubled themselves about visiting a single one of the many institutions and hospitals in the Health Department.

The erudite and witty editor of the N.Y. Medical Record alone held on. Why? Well, Dr. Shrady knows a thing or two, and probably is one of those who can see no just cause for the awkward position which the Advisory Board have placed themselves in. Besides, he has a son, an inspector, in the Vaccination Bureau, which may incline him to the notion that, just now, "silence is the better part of valor."

This, then, is the sum and substance of the state of things which have transpired in the New York Health Board. Physicians as a body should wash their hands of ward politics; but, nevertheless, when a member of the profession is made the scapegoat of unprincipled politicians, the whole profession should rise in his defense.

But, in the present case, we can see no good ground for indignation, whatever way we may view the matter.

Annotation.

WE wish to call especial attention to the condensed report of the Michigan Board of Health. Its eminent Secretary, Dr. Baker, is doing a grand work, of which he, himself, the State of Michigan and the medical profession may well be proud. It can truthfully be stated that he is saving more lives and preventing more human suffering than any single practising physician can possibly do. The subject of an annual "Sanitary Day," analogous to the present Arbor Day, is an excellent proposal. We hope to see the day when the public protection of lives and health will be a prominent and sacredly cherished American institution.

Letters to the Editor.

A TRIBUTE TO A NOBLE WOMAN.

/E all, as citizens, whatever may be our line of life, have a worthy . pride in our institutions of charity, State and private. In them we find represented what is best in our humanities, something that reaches deeper than the personally selfish to what is noblest in us. Without desire of invading the sacred precincts of the angel winged male and female shouters about woman's capacities, sphere and special aptitudes, we would venture to suggest that there are numerous places of trust for women as specialists and experts. Within near notice, close touch of our home doors, and in a grand field for humane and expert work, is Dr. Alice Bennett, who has had the management of the woman's department of the Norristown Insane Asylum since its erection, twelve years ago. This remarkable woman has placed the management of this institution upon a high plane. We doubt whether there exists an institution of the character in our own or any other country under more perfect management. It is a model in tasteful, orderly appointments, cleanliness, and that quiet which would not be expected in an institution for the insane. Dr. Alice Bennett's own personality, her considerate kindness and uniform courtesy and humanity give an atmosphere to the To make these stricken people seemingly happy under calamitous conditions requires, if not some stroke of special

genius, a heart alive with all human sympathies, careful study and a high order of vigilance. She has worked with interest, with assiduity, and a woman's strong faith to attain a practical thoroughness of management. One among the many things that profoundly impresses the visitor, is that the chief, almost the only, restraint is that of kindness. It would be interesting to know the full extent to which this kindness works cures. In the management there is resort to none of the weapons or agencies of brutal ignorance-none of those mechanical restraints which are typical more of barbarism than a Christianly human civilization. In the movements and intercourse of the inmates there is noticeable the graces, the practice of the social amenities of well ordered home life. Many of the first lessons of genteel society, sane breeding, could be learned there by those men and women who have set themselves apart as specially disqualified for doing any kind of useful work, and that other very large class so eminently endowed with the capacity of attending to everybody else's work, neglecting with scrupulous care that which lies close to their hands-important and of easy doing.

She studies each individual inmate as presenting a distinct problem for which there is to be evolved distinct treatment. She recognizes the possibility of improvement and often of absolute cure-has pursued a scientific course of management, has sought the aid of experts in diseases of the nervous system and also the sexual system, with the worthy aim of attaining the most successful methods of treatment. We write with no purpsse of discussing this most abstruse of all human problems. There has been much written upon insanity and its treatment of great practical use, much worse than useless. We desired to call attention to one of our new institutions and its management, in which our people have an interest and a pride. As to insanity as a distinct trouble, we will leave it to metaphysical and psychological specialists to discuss its origin. The strictly metaphysical points are without our sphere; the economic are those of State consideration. Scholarly men have given the subject laborious research, profound philosophical investigation, and there has been skilful use made of the results by the management of our asylums, but we are not yet down to the "primal

granite" of the subject. Whatever the past has given us is only for our new and better moulding. The subject has ceased to be considered one simply of moral inquiry. The decision of its nature and causation will be shaped by those who make it a special study. The surgeon may in many cases reach the disease destroying mental and bodily powers, but he with his one idea will not satisfactorily answer the entire problem, though he may act an important part in its solution. It is a matter of high congratulation that the almost perfect management of the woman's department of the Norristown institution is that of a woman. The stimulus of the responsibility of such positions is the highest of educational influences, and women should push into these and kindred places of high trust whereever there is an open door.

Yours truly,

JOSEPH PRICE.

tr

C

0

TWENTIETH AND HAMILTON STS, PHILADELPHIA.

THE following curiosity was received through the mail. I give it exactly as the original appeared:

DEAR SIR:—I have what the Dr here pernunst acornated ulcor on one eye for over a year which bothers me verey much at times. it Dont be sore onely while the fever and enfermachin be in it. by using som medison once a Day & which I drop in the eye for a week the enfermashion leves. then the eye is all right for som time onely the white spick staes on the site which I can not see thrue onely verey littel. I have no money onely as I aren it by the mount

Ples rite and let me know what you can Doo.

I remane respectuley yours

D. O'C.

"MISSOURI."

Book Notices.

KING'S ECLECTIC OBSTETRICS.—Revised, rewritten and enlarged by ROBERT C. WINTER-MUTE, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute, Cincinnati, O. Ninth Edition, 8vo., Sheep, 750 pages. Price, \$6.50, postpaid. Published by The Ohio Valley Co., 143 Race street, Cincinnati.

The preparation of this book was rendered necessary by the comparatively large class of practitioners of that distinctive or exclusive sect calling themselves eclectics. The general treatment of ob-

stetrical procedures is about that of our standard text-books on the subject. Wherein the book differs is mainly in the remedies administered wherever medicine is required. These are, of course, the remedies which eclecticism claims for its own-chiefly vegetable extracts from American fields and woods. In this regard the American eclectics should be accorded due credit-they have developed the uses of quite a number of American plants which constitute a permanent addition to the science of materia medica. Any conscientious student of obstetrics will find both interest and profit in the perusal of this book.

The Medical Digest.

TREATMENT OF DIPHTHERIA WITH ARSENITE OF COPPER.-Success in the treatment of diarrhœa and dysentery with arsenite of copper suggested the idea of its use in diphtheria, on the grounds that it was the alimentary system that was in-The 1st of Octovolved in both cases. ber, 1891, an epidemic of moderate severity made its appearance in this city, and lasted for several months. My cases, varying in age from one to ten years, were put upon the arsenite treatment, which was supplemented by small doses of calomel, when it was needed, on account of constipation. Inunction, with sulphate of quinine suspended in glycerine, was practised in all cases, usually repeated every four hours. How much quinine was absorbed I do not know, but the plan keeps the skin in good condition. Where there was much cough or hoarseness, equal parts of glycerine and any good wine were given with the arsenite. Or, if that was not agreeable, I per cent. of benzoic acid, combined with powdered sugar, was dropped on the tongue, and repeated as often as thought necessary. No local applications were made; the surroundings were looked after, and when (as happened in some of the cases) little food could be taken, an effort was made to induce them to take water freely, either plain or in the form of lemonade. of these cases were malignant, none died, and none suffered from unpleasant sequelæ. Such a short experience in the treatment of such a disease ought not to count for much, but I feel certain that the blood-pressure in these same arteries

the plan will prove (to say the least) as successful as any, while its application will be much more agreeable to all concerned.-M. M. Latta, M.D., Goshen, Ind., in the Indiana Med. Jour.

NEW CONTRIBUTIONS TO THE PHYSI-OLOGY OF THE HEART.—There appear to be some practical deductions of high importance which flow from the scientific researches of Dr. C. S. Roy and Mr. J. G. Adami, on the physiology of the mammalian heart. These gentlemen have made a long series of experiments on the organ in question, and have recently presented their results in abstract to the Royal Society. We cannot by any means recapitulate all the facts obtained by them, but will present some of the more important.

The heart usually sends out more blood when it beats slowly, and less when it beats rapidly. This law, if it be one, does not apply, however, to slowing of the heart from stimulation of the vagus nerve. Slowing from such cause is accompanied by a diminution of the output which may amount to one-third. Hence the vagus is a nerve which essentially protects and lightens the work of the heart. It stands in especially close relation with the brain, so that when that organ is flushed and congested, the vagus is stimulated and the output of blood lessened. The vagus has a strong inhibitory action on the veins and auricles, but it cannot, however strongly excited, entirely stop the action of the ventricles. In other words, one cannot kill by overstimulating the vagus Furthermore, and stopping the heart. Roy and Adami assert that the action of the vagus on the heart is not a weakening one.

Stimulation of the accelerator or augmenter nerves of the heart increases the output and the rapidity of the beat. In other words, they increase the work of the heart. They do this by increasing the force and frequency of the auricular contractions. It seems, therefore, that both the vagus and the augmenters act upon the heart through modifying the auricular contractions.

There are certain fibers running partly in the vagus which increase and others which decrease, the activity of the heart when stimulated, acting probably upon the coronary arteries. It is shown that is an important factor in modifying the activity of the heart, it being increased when they are dilated, and lessened when

they are contracted.

It is shown also that the augmenter nerves have no effect on the heart except by inhibiting the vagus; and, conversely, the vagus cannot lessen the strength of the heart's contractions except by acting

on the augmenters.

Another very important fact brought out is that a change of the volume of blood in the body affects greatly the contraction volume and output of the heart. Injections into the veins of a volume of defibrinated blood equal to one-tenth of the total blood in the body may double the output. It is important to note, however, that there is no increase in the strength of the ventricular contractions; increase in the work, therefore, of the ventricles due to increase in the output has no tendency to automatically increase the force of the ventricular contractions.

Increase of the watery constituents of the blood increases the contraction volume and output to the same extent (though only temporarily) as does transfusion of blood, but acts more unfavorably on the heart, seeing that the work done by the ventricles is increased, while the nutritive value of the blood supplied to the coron-

aries is diminished.

It would seem, therefore, that the injection of saline solutions in cases of great cardiac weakness has not a sound physio-

logical basis.

It is shown finally that the change in the heart and circulation which takes place during asphyxia points to the conclusion that, when the total amount of oxygen in the blood is lowered, it is for the benefit of the economy that those organs, such as the central nervous system, whose continuous blood supply is a vital necessity, should be richly furnished with blood by constriction of the vessels of the spleen, kidney, and digestive system, whose blood-supply can be cut off temporarily without danger to life, and also that the heart should carry on the circulation in a manner involving as little waste as possible of its own substance. This it is the function of the vagus nerve to bring about .- Medical Record.

THE MARCH OF CHOLERA.—Asiatic cholera has traveled to Europe by three routes: It has passed through the North-

west Provinces of India into Afghanistan, and thence along the caravan routes by way of Balkh, Bokhara and Khiva; it has reached the Russian province of Orenberg; it has spread along the trade lines from Southern India to Persia, and radiated thence southwestward to Syria and Egypt, and northwestward across Persia to the Caspian Sea, thence to Astrakhan at the mouth of the Volga, and up that river to Saratov and Kasan in European Russia (as in 1830); finally, in 1865-66, it traveled by a new route, appearing first in Suez in relation with the pilgrim traffic, and extending thence through Egypt to the Mediterranean basin. Since 1865 the epidemic has always taken this route, and we have come to regard the Red Sea ports as the vulnerable point. Great precautions have been taken to deal with infected ships at the mouth of the Red Sea, and it seemed that the Concert of Europe had brought the dread epidemic under convention. Already, however, even before the final revision in Paris of the decision of the Sanitary Conference which met in Venice has received the official sanction of the Powers, events have occurred which prove that the Red Sea is not the only dangerous point, and that cholera will follow trade routes, whether by land or water. Cholera, this year, has followed the northernmost of the three routes from India, the route which it followed in 1829 and in 1843-44. Or, rather, it should be said that it has struck out a route which is partly new, but approaches most nearly to the northern route. The reason for the difference to be noted is not far to seek. The movements of trade in Central Asia have been profoundly modified by the building of the Transcaspian railway, which runs from Samarcand, touches the Persian frontier at Askabad, and strikes westward to the eastern shore of the Caspian. The trading route crosses the Caspian at Baku, which is the terminus of the Transcaucasian railway, which runs by way of Tiflis into Southern Russia. There is also a large coasting trade from Baku northward to Astrakhan, at the mouth of the Volga. Cholera has followed this route from Askabad on the Persian frontier to Saratov, which is 500 versts above the mouth of the Volga.

p

tl

tl

V

01

be

de

qı

th

to

ad

pe

in

OC.

m

th

ap

me

Ju

ha

SOI

in

an

tic

Vie

mo

alte

It reached Persia from Afghanistan, and penetrated the Russian frontier about the end of May or the beginning of April. The first Russian town attacked was Askabad, which, as already said, is a station on the Transcaspian Railway, and spread along the railway, both eastward and westward, with a rapidity which may fairly be called alarming, and is certainly unprecedented. It reached the eastern shore of the Caspian Sea in a few days, and was not arrested by this natural boundary. Following the ordinary course of trade, it soon made its appearance on the western shore of this great inland lake; Baku, the petroleum port, was the first place infected, and a large number of deaths have occurred there. Extraordinary efforts were made by the Russian officials by quarantine regulations of a very strict kind, which involved the complete arrest of all trade, to keep the epidemic limited to Baku and its immediate neighborhood. When we wrote last week, it was hoped that this had been accomplished; but the official news of this week shows that this hope has been disappointed, and that quarantine has once more shown itself to be merely "an elabrate example of leakiness."

0

e

a

•

e

er

e.

h

c-

is

at

er

as

ee

ol-

er.

a

1es

he

not

in

di-

ian

nd,

ad,

ore

sses

ter-

ay,

ern

ing

ian,

has

the

500

and

t the

pril.

As-

From Baku the epidemic has spread in three directions: south to Shusha near the Turkish frontier; north along the line of coasting traffic to the mouth of the Volga, and westward to Tiflis, which is on the Transcaspian railway. It has been keenly apprehended that if the epidemic once became established at Astrakhan, at the mouth of the Volga, it would quickiy gain a foothold in some of the provinces which have suffered most from This apprehension has, it is the famine. to be feared, been realized, for it is now admitted officially that cholera has appeared in Saratov, the capital of the province of that name. Twenty-nine deaths occurred in the first four days of this month, and it is impossible not to feel that the presence of the epidemic among a population already decimated by famine and disease constitutes a very serious menace to Europe. It was reported on July 6 from St. Petersburg that cholera had appeared in the province of Kostroma, some 700 miles further up the Volga, and in the very center of Russia in Europe.

It is, of course, most desirable to avoid anything like panic, but it will not do for us to be caught napping. Very optimistic opinions have been telegraphed from Vienna, but while sympathizing with the motive of such utterances, we are not altogether prepared to endorse them. The

progress of sanitation in this and other countries of Western Europe has done very much to remove the faulty social conditions under which cholera is known to flourish; but our immunity is only to be secured at the price of constant vigilance. Dr. Proust has truly observed, in a recent report to the Comité Consultatif d'Hygiène de France, that if the infection spreads to the Black Sea, there is every prospect of the epidemic following the lines of the visitations of 1831 and 1847; that is to say, either northward through Austria and Germany, or directly eastward through Northern Turkey and the Danubian principalities. In 1848, 1853, and 1866 cholera reached Great Britian from northern ports-Hamburg and Rot-

There is no doubt that there has been a considerable prevalence of cholera in India this year, and that it has in fact become distinctly epidemic there. It will be remembered that special steps were taken to prevent the Hurdwar fair becoming a focus of disease, but the disease has been severe at Peshawar and in Kashmir. valued correspondent, writing from Srinagar under date June 11, informs us that the epidemic there began on May 6, and that there had been over 8,000 cases and 5,000 deaths in Srinagar alone out of a population of 124,000, and at least 1,500 deaths in the district. It is hoped that the worst is now over, the new cases on June 10 having been 121, as against 171 on June 9, and 236 on June 8. On May 23 there were 499 new cases, but the maximum of deaths was on May 25, when 298 patients succumbed. The officials of the Maharajah of Kashmar have done all that was possible to cope with the disease. They have had the invaluable assistance of Brigade Surgeon Lieutenant Colonel Robert Harvey, who volunteered for the perilous service, and was specially commissioned by the Government of India to proceed to Srinagar. Medical advice, according to the European or Yunani methods, has been within reach of all, with a plentiful supply of medicines and disinfectants. A house to house visitation has been instituted, and every case reported is at once attended to. A cholera hospital has been provided for strangers and paupers without homes or friends, and every effort is being made to improve sanitation. gar is, however, one of the filthiest of cities, has neither drains nor latrines, nor any real system of conservancy. Arrangements have already been made to introduce a pure and protected water supply. Advantage will be taken of the recent destructive fire to rebuild the burnt-out area on sanitary lines, and efforts are being made to introduce a proper system of conservancy.—British Medical Journal.

ASIATIC CHOLERA.—We find the following practical address in the report of the Minnesota State Board of Health:

Asiatic cholera has begun another march across Asia and Europe, with a strong probability that if it reaches the western shore of Europe it will cross the Atlantic to this country, as it has done before. It comes in the persons or baggage of travelers, mostly immigrants, and enters through our sea-board ports, New York, Boston, Baltimore, Philadelphia and New Orleans, and through the St. Lawrence Canadian ports.

Cholera has its home in the delta of the Ganges, and is spread thence along the line of human travel, and probably by both the persons and baggage of its victims. It makes better time every year because of

increased facilities of travel.

It will enter our country, if at all, at one of the sea-ports named, in the body, or baggage, of an immigrant, and it is therefore manifest that our best protection will be the surety and efficiency of the sea coast sanitary service. That of New Orleans is probably the best in location and efficiency; next comes New York for equipment, but the service is hampered by the "Tammany Grip." If the Health Officer is let alone, the work will be well done. Boston is well managed; of Baltimore, the writer knows little; of Philadelphia, the work is divided between the Marine Hospital Service, at Delaware breakwater, and the State Quarantine Service near Philadelphia, and in co-operation with the State Board of Health. Portland is not a port of entry in warm weather. There remains the St. Lawrence Quarantine Service of the Dominion Government, which is now building a steam disinfecting plant, and which has arrangements for disinfecting by chemicals and steam the hospitals of infected ships. No notification has yet been arranged with Canada, though the Medical Superintendent favors it. The writer has visited and examined all these stations except New Orleans and Baltimore, is acquainted with the medical

officers and their methods, and also with some of their difficulties. Then comes the Immigrant Service of the United States, which take the immigrant after he has passed the State Sanitary examination, and deals with him under the immigration laws which were not intended originally to look out for infectious diseases except incidentally. At the solicitation of the writer, it undertook the notification of immigrants suspect of infectious diseases to the State Boards of Health, deriving its information, usually, from the State Health Officers of the various ports. The position of the Marine Hospital Service, as respects immigrants, is not settled, except as it has charge of certain quarantine stations outside the State limits on the sea-board, and co-operates with State, as it did with this Board, in securing seaboard notification.

red ti

0

0

ir

aı

CE

It

tv

th

ar

ha

CO

on

Sic

of

qu

110

We

ma

sm

ter

Th

Sul

wit

lati

Wo

On

liri

tib

def

tar

mo

Brit

But if cholera escapes the sea-coast sanitary barriers, what then? It will be impossible to deal with it by the same methods, because its victims will be scattered so widely that to trace individuals will be an impossibility, or to follow a ship's load whose intended destination is known. This leads to another fact about the disease. The microbe must find suitable soil and moisture, and it does so in the earth, water, air or other things fouled by decaying vegetable or animal matter. In pure air, soil, or water, it establishes itself living with difficulty, or, if at all, feebly, and dies early. Our best home protection against cholera is thorough and constant cleanliness, personal, family, and municipal. If these are reasonably and steadily maintained, cholera cannot become epidemic, and if it come, will be easily crushed out. The directions in the circulars of the State Board of Health on "Sanitary Inspection of Cities, Villages and Towns," and "Domestic Hygiene," with enforcement of existing laws against nuisance and offensive trades, will secure our reasonable safety and prevent all danger of epidemic prevalence.

But if cholera does come, what then? Avoid senseless panic, isolate the case under the direction of the Local Board of Health, and make sure that all discharges are instantly disinfected; watch for any case of diarrhœa, which should be properly cared for with the same disinfection as for cholera. It is a curious fact that while the mortality from cholera infantum averages more than one thousand victims

every year in Minnesota who are under five years of age, and that twenty-two per cent. of all deaths under that age are from this cause, there is not only no popular alarm, but it is, so far, impossible to secure any popular co-operation to diminish or prevent the slaughter. If we did our best to prevent cholera infantum, there would be little danger of Asiatic cholera, which, if it came as epidemic, would not be likely to kill one thousand victims, as the diarrhœa of children does every year.

A Case of Leopard Bite. 1-A cooly, aged thirty, was brought to hospital on the evening of November 14. He was reported to have been bitten the previous day by a leopard, which seized him three times by the arm above the elbow; all the wounds were above the elbow, except one large laceration on the posterior aspect of the forearm. This latter was the only extensive wound, and was situated two inches below the elbow-joint, circular in shape, with a diameter of two inches, and showing the lacerated muscles in its center, the circumference being irregular. It penetrated to the ulna, but did not communicate with the joint. There were twenty-five small punctured wounds on the posterior and lateral aspects of the arm, with an average depth of about one-half inch, but no laceration. On admission, patient was in a very restless condition, gathering himself up in a knot on the bed, and then rolling from side to side. There was twitching of the muscles of both arms. He paid little attention to questions asked him, and his answers had no bearing upon the point. His pupils were contracted to pin-hole size, with marked photophobia; pulse rapid and small; urine passed unconsciously. The temperature in the axilla was 104.8° F. The wounds were irrigated with corrosive sublimate lotion (1 in 2,000), and dressed with iodoform; and, internally, stimulating mixtures were given. Alcohol he would not take, on account of his caste. On the following day the patient was delirious, the pulse at the wrist imperceptible, and the brachial scarcely to be felt; defecation and micturation were involuntary. He was given chloral, gr. xxx, by mouth; ether, mx, hypodermically, and

1

đ

0

S

al

s.

r,

st

T-

11,

a-

ra

ıe,

ns

of

es,

tic

ng

es,

re-

en?

ase

d of

rges

any

rop.

tion

that tum

tims

.

a nutrient enema of brandy, 3ij, with egg. On November 16, he was conscious and much improved. On the fourth day after admission, all the tissues surrounding the small punctured wounds began to slough, and continued to do so until the humerus was exposed in its outer and lower third, while channels were left through from side to side by which the wounds on the inner side communicated freely with the wounds on the outer aspect.

The constitutional symptoms at this stage became so severe, with exacerbations and night sweating, and the sloughing so progressive, that amputation at the shoulder-joint seemed the only alternative left. The wounds were washed out twice a day with corrosive sublimate lotion, and iodoform with antiseptic lint stuffed into the wounds twice a day, and nutrient enemata continued. Suddenly the unhealthy nature of the tissues changed, and the excessively fetid odor stopped. Thence onward healing went on without interruption, the arm contracting considerably at its lower third, on account of the loss of tissue.

This case is given as an instance of the degree of shock that usually takes place about twenty-four hours after tiger and leopard bites, and heralds the onset of the pyæmic condition. That death in the case of tiger wounds is not unusual from shock about twenty-four hours after is a generally-accepted idea, even though the extent of mauling be comparatively slight.—Simpson, *Brit. Med. Jour*.

A NEW TREATMENT FOR CANCEROUS AFFECTIONS. 1—"There is no new thing under the sun," and it is highly probable, that what is here styled as "a new treatment" has been long ago employed by the herb doctor of revolutionary days, even though the profession has not hitherto been made acquainted with its curative power in cancerous affections. If there is one thing which causes a feeling of surprise, mingled no less with indignation, to the young physician just embarking in the practice of his profession, it is the readiness with which he sees certain chronic ulcerations yielding to the "old women's remedies," after he himself may have ex-

¹ Read before the South Indian Branch of the British Medical Association.

¹On account of its exceedingly great value and importance we reproduce Dr. Carpenter's paper in full as originally published in the *Lehigh Valley Medical Magazine*.—ED.

hausted the pharmacopæia in his useless attempts towards effecting a cure; and very often he indulges in reflections highly uncomplimentary to the professional teachings he has received, instead of seeking out the real truth to be ob tained from a closer study of nature's remedies so near at hand. He still finds it impossible to ascribe the same properties to the highly cut "gem" of the chemist's laboratory, and to the despised and dirty weed, which he himself has trodden under foot, many a time, in his communings with this same nature, especially so, when this knowledge comes from such homely sources, and through channels of such unscientific character, that to entertain it for a moment would be at variance with all that he deems most sacred in that profession of faith upon which he has just entered. But, as he learns later on in his professional career, there are many sources of knowledge outside the books from which he may draw important lessons, and many a fact based upon clinical teaching is of greater importance to suffering humanity than all the theory he can receive fresh from the lips of the most highly cultured teachers of the schools. Therefore it is, that, realizing what has been accomplished in this one case to be reported by me, albeit it has been obtained in a manner at variance with the most approved scientific methods of to-day, I have deemed it of such importance as to bring it to your notice in this afternoon's paper, hoping thereby that these remedies may receive a wider application, and their employment in these affections be given a satisfactory test.

Case.—Mrs. F. was operated upon in June last for a sarcomatous affection of the right breast, and the entire mammary gland was removed, together with several enlarged glands of the axillary region. Microscopic examination of the growth was made and determined its malignant character. Some months subsequently she noticed a number of small, round tumors on the outer aspect of the right arm, which increased in size and finally coalesced, making a large bulky growth, extending from the olecranon to within an inch of the shoulder, and widening to an extent of three inches. The skin became adherent over the mass, which itself adhered to the underlying tissues, the color of the integument taking on a deep purplish hue. Œdema of the hand and

arm ensued, and considerable pain was experienced, which radiated from the seat of the growth throughout the entire length of the forearm. From the history of the primary disease the malignant character of the new growth was very plainly to be inferred, aside from the undoubted evidences of malignancy which it presented, and the necessity of a shoulder joint amputation was discussed by the several surgeons summoned to the case. The patient was seen by the late Dr. D. Hayes Agnew in consultation, and immediate removal of the growth by the knife was advised by him as necessary. Prof. Henry Coe, of New York City, also was consulted in this case, and he likewise strongly advised operative interference; but as she had determined to undertake "a cancer cure," of which she had learned through a friend, she declined to submit to the knife. At this time, also, several glandular swellings appeared in the axilla, and two nodular growths made their appearance in the linear cicatrix, which testified to the thorough removal of the right mammary gland before spoken of. It is important to bear this fact in mind, because the malignant character of the growth on the arm had not been positively determined, the patient declining to permit the removal of anything for purposes of microscopic examination. The "cancer cure," which she had determined to try in her own case, was deemed of greater potency when there was no ulceration of the cutaneous surface, and she feared that even a partial removal of the growth might result in an open sore. But here was a recurrence of the primary disease just as we have had to observe it in similar cases of our own, the nature of which was undoubtedly malignant, and therefore the influence of the remedies upon the recurrent growths may surely be taken as indubitable evidence of its behavior in the face of a pronouncedly sarcomatous affection. The treatment was begun in November last, and within three weeks there was a manifest improvement. The œdema subsided, the pain disappeared, and next began an improvement in the growth itself, which slowly lessened in size. It was my fortune to see the patient only a few days ago, when visiting her sister-in-law in this city, and examine carefully the present condition of the right arm and mammary region. The cicatrix was perfectly clean and entirely

an ity ax the tre bo na pro tie dic inf

one

dei

Sue

for

fre

W

as

gr

se

ex

O

on

ab

th

fil

fin pre to the ext foll of to of to pat to

doc fuls the par of to to t of t the R.-

In ther ous: from

the

free from any infiltration, the nodules which had been present in this situation, as above stated, having entirely disap-peared. There was still present some de gree of thickening of the tissues at the seat of trouble in the right arm, but no external signs of any growth remained. Only after considerable examination could one discover a small rounded tumor, about the size of a filbert, which was all that remained of the mass that had nearly filled up the space between the elbow and shoulder of the right upper extremity. The glandular swellings in the axilla had also entirely disappeared, and the patient, since entering upon this treatment, had gained fifteen pounds in body weight! The treatment, as originally pursued, was too uncertain to be productive of the best results to the patient, since its method of administration did not insure a uniform strength of the infusions employed, and there was considerable danger from the toxic effects of one of the drugs, which, on one occasion, demanded active antidotal measures, pur sued through almost an entire night, before the danger was eliminated. As finally arrived at and continued at the present time, the treatment was described to me as follows: The two drugs used are the pokeweed (Phytolacca decandra) and the yellow dock (Rumex crispus), fluid extracts of each being employed in the following proportions: One fluidounce of the extract of yellow dock was added to 9 of water; then I drachm of the extract of pokeweed was added to 20 drachms of water, and of this second mixture the patient added a quarter of a teaspoonful to the mixture containing the yellowdock, the dose of which was 2 tablespoon fuls three times a day. In addition to the internal treatment, a salve was pre pared from the fluid extracts, applications of which were made night and morning to the growth on the arm. The strength of the ointment was in accordance with the following formula:

| Ext. pokeweed fl | 3j. |
|------------------|-------|
| Ext. yellow-dock | ξij. |
| Ceræ flav | ξi. |
| Adipis benzoat | Ziij. |
| Ft. unguentum. | |

In cases of cancerous affections where there has been ulceration of the cutaneous surface, the pokeweed must be omitted from the ointment. The tolerance of the pokeweed is stated to be very differ-

ent with different patients, but the incipient dose should not exceed two drops of the fluid extract, even that dose producing most unpleasant symptoms in susceptible persons. Coffee is said to be the best antidote in case the toxic effects of the drug are manifested, and one of the injunctions laid upon the person undertaking the treatment, is strict abstinence from that beverage during its continuance.

From the foregoing history we may, I think, draw the following conclusions, based upon clinical facts and personal observation:

A. This patient was operated upon originally for a sarcomatous growth, and the entire right breast removed.

B. Subsequent to the operation, and synchronous with a recurrence of the sarcomatous growth in the wound of operation, a number of growths appeared in the right arm, which, from all the evidence obtainable, and lacking only microscopical examination, were of a malignant character.

C. That subsequent to a certain course of treatment pursued by the patient, in defiance of the best surgical opinion attainable, there was a complete disappearance of the recurrent disease from the cicatrix, and an almost entire subsidence of the disease in the arm, which bids fair to be entirely cured by a continuance of the treatment described.

D. That, if the objection be made to the effect of these drugs upon the brachial growths, that positive evidence of their malignant character was wanting, we may assert, an equally curative effect was exerted upon the recurrent affection of the breast, about whose malignancy there is no dispute.

Should not these facts, then, lead to an employment of these remedies in the treatment of all cancerous affections, with the object of ascertaining their true value as remedies for this dread disease?

As to the literature of the drug phytolacca decandra, little can be found concerning its physiological action or clinical uses. In 1792, a pamphlet, "De Phytolacca," was published by J. W. F. Kühn, and three years later a botanico-medical dissertation was written on the same subject by B. Schultz, after which, until 1831, there was no further contribution to this subject, when Dubuc wrote a memoire entitled "Sur le Phytolacca decandra." What the nature of these treatises was, I have had no opportunity to learn prior to my publication of this article, but it would be of decided interest to know, if in them has been made any reference to the uses of this drug in cancerous affections. The tincture of phytolacca has been recommended as highly efficacious in threatened mastitis, but I have never found it of especial service in preventing inflamma-

tion of the mammary gland.

It occurs to me to add, that, possibly, future clinical experiments may determine its value in combination with rumex crispus in scrofulous diseases, and if in them, why not equally so in that allied disease, tuberculosis? How great the irony of fate, if after all the years of laboratory searching for the germicide, which should prove potent enough to destroy the diseasebearing bacillus within our tissues, without endangering the patient's life in that supreme effort, the answer to the question be found in that despised and disregarded weed that grows in every field. Is the treasure less to be valued because long trodden under foot? Shall simple, direct remedies for disease be contemned as valueless because we have ever been anticipating some greater principle to be unfolded to our gaze? Shall we repeat with the Assyrian of old, "Are not Abana and Pharpar, rivers of Damascus, better than all the waters of Israel?" Or, shall we not accept the offer of a simpler faith, and wash in the despised "waters of Jordan" and be clean?

Broncho Pneumonia of Intestinal, Origin.—Five years ago Sevestre, from clinical observation alone, became convinced that broncho pneumonia in infancy was occasionally of intestinal origin, and concluded one of his papers in the following language:

"I. In children one or two years of age (and probably also of other ages), subjected to a vicious alimentation, there may occur a decomposition of the intestinal contents, resulting in a fetid diarrhese and an infectious enterities.

rhœa and an infectious enteritis.
"2. General infection may follow, and

particularly pulmonary congestion and broncho-pneumonia.

"3. Intestinal disinfectants, especially calomel and naphthaline, are the best means of relieving the diarrhœa, and of preventing pulmonary manifestations."

The work of his pupil, Lesage, we reviewed a few weeks ago. More recently,

two others of his pupils, Gaston and Renard have contributed the results of their work in the same field.

The chief characteristic of the trouble is the occurrence of the pulmonary disorder as a complication in the course of an existing diarrhoea. The cases usually occur in infants who have been badly fed. After more or less prolonged dyspepsia, diarrhœa sets in and is characterized by frequent stools, green, white, or yellowish, and very putrid. In from two to six days broncho-pneumonia appears, and is ushered in by more or less fever, by cough and dyspnœa. Very young infants lie quietly upon the back or side with the thighs flexed upon the abdomen. While in older children some interest in surroundings is manifested. Often the abdomen is distended with gas and is sensitive to palpation. Gurgling occurs in the right iliac region, and the skin is flaccid and non-elastic. The tongue is white, covered with a thick grayish coating in the center, and red on the edges. The stomach is dilated with gas, and the spleen is often perceptible on palpation. Fever, which is sometimes wanting, varies between 102 and 104, and is very variable. The cough varies a great deal, and the dyspnœa, not usually intense, is shown by respirations varying from 20 to 45 per minute. The physical signs show broncho-pneumonia, but vary greatly from day to day. The disease lasts usually from one to two weeks, but may be prolonged to two months

The authors describe four forms of the trouble: The supra-acute or choleric form; the grave or typhoid form; the prolonged or remittent form; and the light or common form. The first form is rapid and terminates in two or three days, the patient dying in an algid stage. The typhoid form lasts two or three weeks, has a quite constant temperature and rather less diarrhœa. In the remittent form, which Sevestre has described very carefully, the temperature remains elevated for two or three days, and then drops for a like period, when it again rises. These exacerbations and remissions may occur for four or six weeks, and each exacerbation is accompanied by a new patch of bron-cho-pneumonia. The diagnosis is not usually difficult. The appearance of fever and cough in the course of a fetid diar-

¹ Rev. Mens. des Mal. de l'enfance, May, 1892.

rhœa, in a badly fed or bottle-fed baby under two years of age, should raise the suspicion of a broncho-pneumonia of intestinal origin. Generalized bronchitis gives less fever, and no diarrhœa. Frank pneumonia is relatively rare, and should be made out by the physical signs. Pneumonia complicating acute infectious diseases is readily differentiated by the accompanying conditions. Typhoid fever is difficult to distinguish; attention should be given to the rose spots, and in the authors' opinion, to the temperature curve. Tuberculous broncho-pneumonia it may be impossible to differentiate.

Some interesting pathological work on this subject has already been done. Lubarsch and Tsutsui, in a case of diarrhœa complicated with pneumonia, have found, in both the intestine and the lung, the bacillus enteridis of Goertner. Gilbert and Girode in a case of cholera nostras have found the bacillus coli communis, associated with other forms, during life. Chantemesse and Widal in six cases of typhoid fever have found the Eberth bacillus in broncho-pneumonia. Lesage, on the contrary, asserts that pulmonary lesions complicating enteritis are always due to the presence of the bacillus coli in the lungs.

The pathological observations of the authors were made upon twenty-six cases of broncho pneumonia with infectious diarrhœa. They made cultures from the stools and also from the pulmonary juice, which they obtained by punctures made into a pneumonic spot during life.

The stools, naturally, gave various forms; among them were observed the bacillus coli communis, bacillus subtilis, bacterium termo, bacillus enteritis of Goertner, and diplococci. Of the 26 broncho-pneumonias examined, 16 gave only a single species of micro-organism, 5 showed several species, and from 5 no cultures were obtained. Where pure cultures were obtained they were as follows:

| Pneumococcus | 8 times. |
|-----------------------|----------|
| Staphylococcus | 3 " |
| Bacillus coli | 3 " |
| Encapsulated bacillus | 2 " |

The other five cases showed:

s

e

ľ

r

n

1-

ot

er

| Pneumococcus and staphylococcus Staphylococcus and bacillus coli | 3 times. |
|---|----------|
| Pneumococcus and bacterium termo | I " |

From these observations the authors conclude:

1. That in the majority of cases, broncho-pneumonias occurring in the course of the infectious diarrhœas of infancy, are secondary, and are due to superadded micro-organism, and (in some cases only) are due to the specific agent of the infectious diarrhœa.

2. That in the majority of cases, the specific agent of the diarrhea, favors by its secretions the virulence of the parasitic species normally contained in the buccal cavity, and renders them pathogenic.

From further experiments on lower animals, which space prevents our reviewing here, the authors hold, that the bacillus coli is capable of establishing a true septicæmia, which in the infant starts in the intestine, and is provoked by diarrhæa. The bacillus coli passes from the intestine to the lungs by way of the lymphatics and blood-vessels, and in this way produces the lesions of these organs.

In the lungs the ordinary lesions of broncho-pneumonia were found, and in other organs generally, congestions with tumefactions, or granulo-fatty degeneration of the cellular elements, such as are commonly met in acute septicæmias.

Such observations as the foregoing are very valuable, and exceedingly suggestive. They seem to open the way to a more rational handling of a certain class of broncho-pneumonias. If clinical experience counts for aught, it would seem that the pulmonary lesions of intestinal origin are not limited to pneumonia, but that acute bronchitis is not infrequently traceable to a similar origin.

This work is particularly interesting in connection with the subject of typhoid fever in infancy.

That typhoid fever occurs more frequently in infants than was formerly supposed is coming more and more to be admitted. When it does occur the bronchial symptoms are usually exaggerated, and pneumonia sometimes supervenes. While typhoid in the infant can not be recognized clinically in a given case unless the peculiar eruption has appeared, it would be going too far to say that the absence of the eruption proves the absence of typhoid.

The appearance of the tongue which authors have described, is exactly that found in typhoid fever in the infant, and their grave or typhoid form is highly suggestive of the so-called enteric fever. Again, the relation of the bacillus coli to

these cases furnishes food for conjecture, for Rodet and Rox still claim that the Eberth bacillus is but a modification of the bacillus coli.

-Journal Amer. Med. Association.

"A CLASS OF CASES FOUND IN THE OFFICE OF EVERY PHYSICIAN." - In looking back over my field of general practice, I see more cases of what the laity vaguely called "female diseases" than of any one class. What does this prevalent term signify? Is it some unknown and undetected condition, the source of which remains a mystery, or will a thorough examination in all these cases discover the cause of the manifested symptoms? I am sure there is always a source from which the symptoms presented by the cases eminate, and it can be detected by the educated finger in an examination, if thorough and systematic. Just here, let me state that the diagnosis made by the careful and painstaking general practitioner is in the majority of cases a correct one, yet the specialist should not fail to make, when called in consultation, a most thorough and careful examination, and his diligent attention should be given in every detail in making his deductions before giving his opinion or resorting to operative procedure. .

A vaginal discharge, a backache, a metrorrhagia, amenorrhœa, dysmenorrhœa, an offensive discharge, painful defecation, frequent desire to urinate, etc., etc., should lead to an examination and a detection of its source, and the proper treatment of the case will at once suggest

itself.

I can no better illustrate why I selected the title, "A Class of Cases Found in the Office of Every Physician," than by reciting a few cases seen by me in the last

two or three weeks.

A lady of thirty-two years old called at my office Saturday; she had that peculiar sallow complexion seen often in chronic bone supuration due to a specie of chronic pus poisoning. Her gait was peculiar and almost characteristic of the condition I found her pelvic organs in, on examination. You will see these cases with a slightly stooping attitude, with a hand, if not observed, placed on the anterior superior spine of the ileum, with the finger tips just over the location of her diseased organs, this position is one assumed almost unconsciously to assist nature in

her efforts to keep the structures quiet. Her steps were carefully directed lest she give herself pain by another jar. She is the mother of one child nine years old. This is the history of these cases generally as regards children, because a condition exists in the tubes and ovaries producing a sterility, and many of the cases have never borne a child. Her confinement was a slow, tedious one; the delivery an instrumental one, and her getting up very tardy and accompanied by an attack of what was called "inflammation of the bowels" (salpingitis and its companion pelvic peritonitis). Since the birth of this, her only child, she has had a number of similar attacks, lasting from a few days to as many weeks. Her menstrual periods are profuse and painful, lasting seven days. Walking gives her much pain; a ride over a rough road in a carriage is sure to cause much suffering. Sexual intercourse is very painful and always dreaded. Bowels are constipated, because she delays an action as long as possible to avoid the pain caused by the bowels moving.

She tires easily, and is unable half the time to attend to much of her household duties. On examining her I found this condition of affairs: Cervix large and torn on one side and pushed to the right of median line; uterus large and fixed and sensitive, and also to the right; on right side, the ovary enlarged and tender, the Fallopian tube much larger than natural; on left side I find the whole pelvis filled by a boggy-like mass extending from the vaginal vault, half way to a line drawn from one iliac crest to the other, very painful and fluctuating. What had I to deal with? What was the cause or origin of this condition? What is the proper treatment? What is the prognosis with or without an operation? To her delivery being an instrumental one and accompanied by a laceration of the cervix, may be ascribed the beginning of her trouble. The forceps were not sterilized, and an extension of the inflammatory disturbance set up in the cervix and uterus led to the tubal and ovarian disease. I had in this case a lacerated cervix, but to operate for the repair of this condition on a patient with a pelvis full of pus, or even a mild case of salpingitis, would be to increase her suffering and endanger her life's safety with no prospect of any good accruing from my tinkering.

To have applied iodine to the endometrium, or vaginal vault, would have done no more good than to have painted her shoe soles. Hot water in this condition does not promise a thing. An operation with the object in view of the removal of the diseased appendages is the only rational course to pursue. Without this intelligent surgery her life is each day endangered by procrastination. Who can say that she is not liable to a diffused septic peritonitis at any hour with this great pus collection in her pelvis? A little leakage is all that is necessary to inaugurate a fatal attack of peritonitis. I shall do, next week, a double salpingectomy, carrying out a thorough irrigation and drainage, and will relieve her of her suffering and restore her to health. Nothing else will do this.

Only a few days ago I examined a case in many respects presenting the same symptoms, but on examination did not reveal a like condition in her pelvis. I found a retroflexed and adherent uterus, with a slight enlargement of the tubes, and two very sensitive ovaries also bound down. This case presented an early history and local state of affairs, of the case just recited. It is now two years since she was confined, has a slight tear of cervix. It is a case to be relieved only by an operation. Pus will be found in each tube, but not in large quantities.

Another class of cases seen mostly in young girls from sixteen to twenty-five years of age is illustrated in the case I am going to give the history of now, also examined during the past week. Age twenty-two, whose chastity is above suspicion. I make this statement in the face of the fact that the majority of tubal and ovarian diseases are directly traceable to gonorrhœa, abortion, septic endometritis, or traumatic causes. Her menstruation is irregular; sometimes amenorrhæa has persisted for a number of months; she has a leucorrhœa, has presented these symptoms for three years. An examination revealed an irregular swelling on either side of the uterus, which I knew to be the Fallopian tubes filled with caseous tubercular matter. She has a tubercular salpingitis. In these cases an operation should be done early, and great care exercised lest the peritoneum be infected, or even general milliary tuberculosis be induced by the rapid liberation of the bacilli tuberculosis. This young lady, while this condition ex-

d

ists, is liable at any time to have an attack of acute general peritoneal pulmonary or milliary tuberculosis. No one will, I trust, doubt the propriety or advisability of an operation in this case.

We find in our offices another class of cases presenting many features in common with the severer diseases mentioned above, but an examination reveals an absence of grave tubal and ovarian disease, only a sensitiveness a little abnormal; now these cases should be handled gently and with care, lest our tinkering set up an aggravation of the existing disease and produce that which our efforts are directed to avert. This is a mild case of salpingitis and ovarian hyperemia, and any tinkering not of the mildest aseptic character is liable to produce a purulent salpingitis with occlusion of the tubes, attachment of tubes to ovary leading to ovarian abscess, leakage, and a local or general pelvic peritonitis. Treat these cases by hot water vaginal irrigations, with the patient in a recumbent posture, avoid making any intra-uterine applications; pessaries should not be tried as they do much harm and little good in these cases. Keep patients quiet during menstrual periods, recumbent if possible, regulate the bowels and avoid sexual excitement. General tonics as each special case demands.

Very few physicians present have not seen a case with this history; the woman comes to you to-day with a purulent discharge from the vagina, accompanied by pain and burning, you prescribe for her, or perchance make a specular examination of the cases and possibly (but you should not) introduce a sound. Your patient returns to her home, but sends for you in a few days. You now find her with a coated tongue, with a temperature of 101° F to 103° F and acute pelvic and abdominal pains, and a digital examination reveals much tenderness in region of tubes and ovaries. Thus the case is converted from a simple (?) gonorrhœa into a condition of much gravity. Even if your patient's life is spared from this acute attack of septic salpingitis (of specific origin) and localized pelvic peritonitis, there is left a diseased condition that will remain until relieved by an operation for the removal of the diseased masses.

She will have recurring attacks until relief is secured either by death or intelligent surgery. Many cases of puerperal peritonitis are, in fact, puerperal salpin-

gitis, and the day is fast approaching when surgery will rob the puerperal period of many of its victims. It is just as reasonable and as justifiable to remove these organs in acute septic conditions, if they are the foci of infection, as it is to amputate a gargrenous limb to save the life of the unfortunate sufferer.

It may seem a broad statement, but lives are being, and will in the future be, saved by the removal of the uterus and its appendages where they are producing systematic infection or peritonitis, yet little can be expected from this operation if a general peritonitis has developed.

Gentlemen, you have all, I am sure, seen these cases. I present you some specimens of each variety of this class of cases, save the case reported in which an operation is not warranted or justifiable. These cases are to be found in every quarter of the inhabitable globe.

The points I desire to call special atten-

tion to are:

1. The prevalence of this class of cases.

2. The similarity of the symptoms of cases in which a different pathological condition is found present at the examination and operation.

3. The necessity of a careful and painstaking examination of all these cases that

a correct diagnosis be arrived at.

4. The avoidance of any course of local treatment liable to aggravate the existing condition even in mild cases.

5. The proper surgical procedure for the relief and cure of these cases.

—Cordier, Kansas City Medical Record.

TREATMENT OF CANCER.—Under this head Dr. G. Sims Woodhead, in the Morton lecture on the Etiology of Cancer, says: "From a careful microscopical investigation of many hundreds of cancers that have been submitted to me for examination, I am firmly of the opinion that many surgeons make the mistake of not removing sufficiently freely either the tissues in which a cancerous growth has made its appearance or the lymphatic glands associated with it. Quite recently Mr. Harold Stiles, of Edinburgh, has carried on an extensive and careful investigation into the question of how far the immediate tissues around the naked eye cancer of the breast are affected. His method is based on the effect which nitric acid has upon the tissues, causing the connective tissue to become clearly differ-

entiated from the epithelium. From a careful study of sections so prepared, both by Mr. Stiles and myself, as well as from microscopic examination, I am convinced that the only safe rule to be observed in removing cancer of the breast is to remove not only the main mass of the gland, but all outlying portions of glandular tissue; so that if, on cutting away the margins of the tumor, treating with methylated spirit and nitric acid, and then with water, any opaque columns or fragments are to be seen still, I should consider that the removal had not been free enough. Of course, the part of the tumor that should be especially examined in such a case is that near the sternum. where, by reason of the shape of incision usually adopted, there is the greatest danger of fragments of the gland being -Maryland Med. Journal.

News and Miscellany.

THE next annual meeting of the New Jersey Sanitary Association will be held at Lakewood, in December.

A QUACK REMEDY IN COURT.—The proprietors of a certain nostrum called the Carbolic Smoke Ball offered, some time since, to pay over the sum of £100 to any person who should have contracted influenza after and in spite of the methodical employment of the sternutatory in question. One of the many gullible persons who must have found by an expensive experience that the influenza microbe is not to be frightened away by a sneeze, brought an action to recover the aforesaid sum, and the matter has been brought before the court on several occasions. We are at liberty to infer from the defense that the offer was never intended to do more than throw dust in the eyes of the British public, and as such it savors of a disreputable trick, which we are glad to see has been punished by the defendants being mulcted in the sum of £100 and costs, which latter must now amount to a considerable total. Moreover, Mr. Justice Hawkins peremptorily refused to stay execution with a view to appeal, and we imagine the proprietors of the so called remedy will now recognize the necessity of withdrawing their grandiloquent offer from the public gaze. -Med. Press and Circular.

WEEKLY Report of Interments in Philadelphia, from July 9 to July 16, 1892:

| CAUSES OF DEATH. | | Minors. | CAUSES OF DEATH. | Adults. | Minors. |
|--------------------------------|----------|---------|---|---------|---------|
| Abscess of lung | <u> </u> | - | Fever, typhoid | 6 | - |
| " hip | | 1 | Gangrene of foot | 1 | |
| " lumbar | 1 | | Hemorrhage from | | |
| Alcoholism | 3 | | lungs | 1 | |
| Apoplexy | 12 | | Hernia | 3 | |
| Asphyxia | 1 | | Homicide | I | |
| Asthma | 1 | | Indigestion | | 1 |
| Bright's disease | 5 | | Inanition | | 2 |
| Burns and scalds | 2 | | Influenza | 1 | - |
| Cancer | 14 | | Inflam'n brain | 3 | 10 |
| Casualties | 11 | 2 | " bronchi | 3 | - |
| Cerebro-spina: men- | | | " kidneys | 2 | |
| ingitis | | 1 | " lungs | 10 | |
| Congestion of the | | | ' peritone'm | 2 | |
| brain | 2 | 12 | " s. & bowels | 9 | 10 |
| Congestion of the | - | | " spine | 2 | • |
| lungs | 1 | 2 | Intussusception | 1 | |
| Carbuncle | 1 | | Jaundice | ī | |
| Cholera infantum | • | 132 | Marasmus | • | |
| " morbus | 3 | .3- | Measles | | 3 |
| Cirrhosis of the liver | 3 | | Neuralgia of the | | 1 |
| Consumption of the | 3 | | heart | 1 | |
| | 31 | 8 | Old age | 10 | |
| lungs Collapse of the lungs | 34 | 1 | Paralysis | | |
| Convulsions | | 36 | | 7 | |
| Croup | | | Rheumatism | 1 | |
| | | 3 | Scrofula | | |
| Cyanosis | 8 | 4 | | | |
| Debility | | 5 | Stone in bladder | 2 | |
| Diabetes | 3 | | | 1 | |
| Diarrhœa | | 3 | Shock from operation Stricture of the ure- | 1 | |
| Diphtheria | 28 | 3 | | | |
| Disease of the heart. | | 3 | | I | |
| _ iivei | 1 | | Suicide, hanging | 3 | |
| Drowned | 1 | 4 | Syphilis | | |
| Dropsy | 1 | 2 | Tabes mesenterica | | |
| Dysentery | 3 | 3 | Teething | - | |
| Effusion of the brain | 1 | 1 | Tumor | 1 | 1 |
| Empyema | | 1 | Ulceration of the | _ | 1 |
| Enlargement of the | | | stomach | 1 | 1 |
| heart | 1 | 1 | Uræmia | 8 | 1 |
| Fistula | 1 | 1 | Whooping-cough | | |
| Fatty degeneration | | | Total | | - |
| of the heart Fever, scarlet | 1 | 1 . | Total | 223 | 35 |

| From 1 to 2 | 42 | | 10 00 | |
|---------------------|--------------|-------------|---|--------|
| " 2 to 5 | 20 | " 60 | to 70 | . 30 |
| " 5 to 10 | | 44 70 | to 80 | . 39 |
| " 10 to 15 | | | to 90 | |
| " 15 to 20 | | 44 TOO | to 110 | . 1 |
| " 20 to 30 | | 200 | | |
| " 30 to 40 | | Total . | | 677 |
| 30 00 40 | | 10441 | • | . 2// |
| WARDS. | WAR | DS. | WARDS. | |
| First 41 | | | Twenty fifth. | 21 |
| Second 15 | Fourteent | | Twenty sixth | |
| Third 13 | | | *Twenty se'h | |
| Fourth 16 | | | †Twenty ei'th | |
| Fifth | | | | |
| Fifth 14 | | th 8 | Twenty nint | 1.19 |
| | Eighteen | | | |
| Seventh 20 | | n 35 | I nirty nrst | : 19 |
| Eighth 7 | Twentietl | 1 13 | Thirty secon | 4. 3 |
| | | | Thirty-third | |
| Tenth 15 | Twenty s | econd 16 | Thirty fourth | |
| Eleventh 2 | Twenty t | nird 13 | Thirty fifth | 5 |
| Twelfth 13 | Twenty fo | ourth 15 | | _ |
| Total | | | | . 577 |
| *Includes deaths | | | | 011 |
| †Includes deaths | | | ital. | |
| Nativity-United | | | | OWN. |
| 8; people of color, | Fr : nreme | ture hirt | 177 etill hor | 11 22 |
| Males, 305; fema | les ora : h | are tof. | criele reg | M, 34. |
| The number of | dootho con | Jy 5, 190 , | giris, 150. | diam |
| The number of | floot wool | apared w | fallows . | ding |
| week of 1891 and o | | | ionows: | |
| Week ending Ju | ly 18, 1891, | was 499. | | |
| Week ending Ju | ly 9, 1892, | was 470. | | |
| Ry order o | fthe Roard | of Healt | h | |

Moses Veale, Health Officer.

Attest:
J. V. P. TURNER,
Chief Registration Clerk.

DR. DANIEL STROCK, of Camden, N. J., has been promoted to the position of Surgeon of the Sixth Regiment, N. G., with the rank of Major, vice E. L. B. Godfrey, promoted Lieut.-Colonel and Medical Inspector.

WHITE cut flowers may be caused to assume different hues—pink, violet or green, by pouring certain aniline solutions into the water. The application does not interfere with either the plant's vitality or the fragrance of the blossoms. This process was discovered accidentally by a woman flower vender of Paris.

-Western Druggist.

AT a meeting of the Military Order of Surgeons of New Jersey, held at Sea Girt, July 14, the following officers were elected: President, Col. Franklin Gauntt, Burlington, N.J.; Vice-President, Major C. F. N. Myers, Paterson, N. J.; Secretary, Lieut.-Col. E. L. B. Godfrey, Camden, N. J.; Treasurer, Major H. C. H. Herold, Newark, N. J.

AMERICAN PUBLIC HEALTH ASSOCIATION.—THE UNITED STATES OF AMERICA.—THE DOMINION OF CANADA.—THE REPUBLIC OF MEXICO.—The twentieth annual meeting will be held at the City of Mexico, Tuesday, Wednesday, Thursday, and Friday, November 29, 30, and December 1, 2, 1892. We most heartily approve the objects and methods of this most useful Association. Public sanitation is a public blessing.

This meeting, held in that most picturesque and interesting country, styled the "Egypt of America," will be both pleasant and interesting.

We append a brief history and statement of the purposes of the Association:

The American Public Health Association was organized in 1872, by a few public-spirited men who foresaw the need of bringing together in one body the ablest sanitarians in the country, for the purpose of inaugurating measures for the restriction and prevention of contagious and infectious diseases, and for the diffusion of sanitary knowledge among the people. The growth of the Association and the work it has accomplished more than justify its existence. Its membership has been augmented from year to year until it now constitutes the largest and strongest sanitary body in the world, and embraces in territorial extent the

United States, the Dominion of Canada, and the Republic of Mexico. Under the impetus given by its work, state and local boards of health and sanitary associations have been organized, sanitary publications increased, and hygienic knowledge widely and extensively diffused. The Association has already published seventeen large and valuable volumes, increasing at the rate of one a year, and containing the papers, reports and discussions presented at the annual meetings. These volumes constitute in themselves a library upon sanitation; they are elegantly printed and bound, and are alone worth more to any person interested in hygiene than the cost of membership. Each member is entitled to the annual volume, delivered free of expense. In addition thereto, the Association has published a standard work ugon "Disinfection and Disinfectants," besides the Lomb Prize Essays, now so widely known to the American public.

Among its members may be found physicians, lawyers, ministers, civil and sanitary engineers, health officers, teachers, plumbers, merchants, etc., in fact, every profession and many of the industries are represented in its list of members. The only qualifications required for membership are a good moral character, an interest in hygiene, and the endorsement of two members of the Association. Cost of membership, five dollars a year.

We should like to see every reader of this journal a member of the Association.

For full information, address.

DR. IRVING A. WATSON, Secretary,

CONCORD, N. H.

CHURCH OF ENGLAND TEMPERANCE Society.-For the sake of the reputation of the Church of England Temperance Society, no less than the interests of mankind, we are glad to be able to state that, at the last moment, the authorities of that Society changed their mind as to giving their countenance to a meeting, which had most unwisely been announced under their auspices, in order to set sorth the so called virtues of a notorious proprietary and secret cure for inebriety, incorrectly but commonly described as the gold cure. Bishop Barry had been captured as the chairman, but from information conveyed to him by Dr. Norman Kerr and other well known members of the medical pro-

fession, as to the large financial speculation involved in the booming of this secret combination of dangerous drugs (which is, we believe, now on the market for the modest sum of £150,000, for the benefit of its American financiers), Bishop Barry wisely resolved to have the meeting postponed sine die. We believe that analysis of this compound will be shortly presented before the Society for the Study of Inebriety. There was not, we are assured, discovered any trace of gold in it, but various potent and lethal drugs. The so-called cure is disapproved by respected American physicians, such as Dr. Nathan S. Davis, of Chicago; and the reputable American press is replete with exposures of its failures and exaggerated pretension. The most conspicuous of the alleged cured patients was a prominent member of the New York press, who wrote an article in glowing terms, describing his cure in the North American Review and in widely circulated American papers. Unhappily, this unfortunate gentleman, who has done so much to boom this delusion, is announced as having died recently, and within a short time after the publication of his fervid articles, in a pauper workhouse. This attractively named secret remedy has many rivals, but none have been so effectively advertised. The uncured "cured" are to be found in the inebriate retreats of the United States, but still the delusions fostered by the temporary effects of the so-called gold cure find, from time to time, new apostles. It would, however, have ill become a serious society, such as the Church of England Temperance Society, or a respectable prelate, to have given their support to any such operations as that which is contemplated in this country by the syndicate in charge of the "cure." These secret remedies have their little day, and meet with ready and fatuous credulity from a public always ready to be seduced by extravagant pretensions and loud protestations. But, strangely enough—for some chance might well have directed it otherwise—there is no example in the whole history of mankind, so far as we know, in which any secret remedy has ever been found to be of permanent value, except to its inventors and vendors. The "gold cure" is not likely to have a very different history from the many which have preceded it, and from those which still hold the field against it.—British Medical Journal.

BULLETIN OF PUBLICATIONS

GEORGE S. DAVIS, Publisher.

THE THERAPEUTIC GAZETTE.

A Monthly Journal of Physiological and Clinical Therapeutics. Edited by H. A. Hare, M.D., General Therapeutics; G. E. Deschweinitz, M.D., Ophthalmic and Aural Therapeutics; Edward Martin, M.D., Surgical and Genito-Urinary Therapeutics. Subscription price, \$2 00 per year.

THE INDEX MEDICUS. A Monthly Classified Record of the Current Medical Literature of the World. Compiled under the direction of Dr. John S. Billings, Surgeon U. S. A., and Dr. Robert Fletcher, M. R. C. S., Eng. Subscription price, \$10.00 per year.

THE AMERICAN LANCET.
Edited by Leartus Connor, M.D. A Monthly Journal Devoted to Regular Medicine. Subscription price, \$2.00 per year.

THE MEDICAL AGE.

Edited by B. W. Palmer, A.M., M.D. A Semi-Monthly Journal of Practical Medicine and Medical News. Subscription price, \$1.00 per year.

THE WESTERN MEDICAL REPORTER.
Edited by J. E. Harper, A.M., M.D. A Monthly Epitome of Medical Progress. Subscription price, \$1.00 per year.

THE DRUGGISTS' BULLETIN. Edited by B. W. Palmer, A.M., M.D. A Monthly Exponent of Pharmaceutical Progress and News. Subscription price, \$1.00 per year.

PHYSICIANS' LIBRARY. LEISURE

Price: Paper, 25 cents per copy, \$2.50 per set; cloth, 50 cents per copy, \$5.00 per set. Send for complete descriptive list of this library.

GEORGE S. DAVIS, PUBLISHER, DETROIT, MICH.

BROMID'A

THE HYPNOTIC.

FORMULA.—Every fluid drachm contains fifteen grains EACH of Pure Chloral Hydrat and purified Brom. Pot. and one-eighth grain EACH of gen. im. ext. Cannabis Ind. and Hy-

DOSE.—One-half to one nuid drachm in WATER or SYRUP every hour, until sleep is produced

'NDICATIONS.—Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

PAPINE IS THE ANODYNE OR PAIN-RELIEVING PRINCIPLE OF OPIUM. THE NAROOTIC AND CONVULSIVE ELEMENTS BEING EL M NATED. T MAS LESS TENDENOT TO

CAUSE NAUSEA, VOMITING, CONSTIPATION ATO

INDICATIONS,—Same as Opium or Morphia.

DOSE,—ONE FLUID DRACHM—(represents the Anodyne principle of one-eighth grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC,

FORMULA,—Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—Syphilitic, Scrofuleus and Cutaneous Diseases, Dysmenorrhea, Menorrheais, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

100

0

WM. PROCTER, JR., CO.,

PHILADELPHIA.

Effervescent Aperient Phosphates

NEEDS ONLY A TRIAL.

Aperient Laxative and Hepatic Stimulant.

VINUM DIGESTIVUM (PROCTER.)

A Saturated Acidified Solution of PURE PEPSIN.

More than ten years since this preparation was introduced to the profession, and we are pleased to be able to state that it is still the favorite with the large number of physicians who have tested and found its unfailing digestive power.—Apepsia and Indigestion in its various phases, and especially as they occur in infancy, indicate its administration.

MANUFACTURED SOLELY B

WM. PROCTER, JR., CO., PHILADELPHIA. All Druggists.

DR. BRUSH'S KUMYSS

UMYSS is, among the Nomads, the drink of all children, from the suckling upwards; the re-freshment of the old and sick, the nourishment and greatest luxury of every one."—DR. N. F. DAHL's report to the Russian Government, 1840.

I WOULD also allude to cases of diarrhoza and vomiting, and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on Kumyss, when the improvement was rapid and permanent. Very truly yours, ARCH M. CAMPBELL, M.D.

Farms and

Laboratory,

ED

T

C

BO

TH

mo

rem

of 1

test ries

larg

rule

do 1

Car

whi

ofte

dru

tion thei

whi

the

MT. YERNON, N. Y.



SANITAS" IS PREPARED BY OXIDIZING TERPENE IN THE PRESENCE OF WATER WITH ATMOSPHERIC AIR.

"SANITAS" DISINFECTING FLUID.

An aqueous extract of Air Oxidized Terpene. Its active principles include Soluble Camphor (C₁₀H₁₆O₂) Peroxide of Hy lrogen and Thymol. Invaluable to the Physician for Internal or External Application.

"SANITAS" DISINFECTING OIL.

Air Oxidized Terpene. Its active principle is Camphoric Per xide (C₁₀H₁₀O₃), a substance which produces Peroxide of Hydrogen when placed in contact with water or moist surfaces (wounds, mucous membranes and other tissues). For Fumigations and Inhalations in the Treatment of Throat and Lung Affections the Oil only requires to be evaporated from boiling water.

"Sanitas" is Fragrant, Non-poisonous and does not Stain or Corrode. It is put up in the form of FLUIDS, OIL, POWDERS AND SOAPS.

For Reports by Medical and Chemical Experts, Samples, Prices, etc., apply to the Factory,

636, 638, 640 & 642 West 55th St., NEW YORK.



Electro-Medical

* Instruments

At Reasonable Prices, is at

WAITE & BARTLETT MANUFACTURING CO., 143 East 23d St., New York City.

Our Milliampre-meters all scientifically and mechanically perfect. On receipt of 10 cents we will forward Fundamental Principles of Gynecological Electro-Therapy, by Geo. J. Engelmann, M.D. All Goods Warranted as Represented. Send Postal for Illustrated Catalogue, and note names of the eminent physicians using our Instruments.

ESTABLISHED 1818.



Maker * of * Fine * Shoes.

FOR MEN AND WOMEN,

We Make Shoes

WHICH INSURE

Health, Ease and Comfort.

Ready-made or to Measure. Illustrated Catalogue sent on application.

Telephone No. 2812,

